

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001897

FILED  
Mar 26, 2007  
Secretary of State

**Entity Name:** GOD'S DELIVERY MAN MINISTRIES CHURCH, INC.

**Current Principal Place of Business:**

6500 FOREST CITY ROAD  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 8781  
ALEXANDRIA, LA 71306

**New Mailing Address:**

**FEI Number:** 72-1415959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRODNAX, J L  
109 TEXAS AVE.  
ALEXANDRIA, LA., FL 71301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BRODNAX, J L  
Address: 109 TEXAS AVE.  
City-St-Zip: ALEXANDRIA, LA 71301 US

Title: D ( ) Delete  
Name: STAFFORD, RENITA  
Address: 604 SLOCUM DR  
City-St-Zip: ALEXANDRIA, LA 71302

Title: D ( ) Delete  
Name: ROLAND, IRMA  
Address: 5248 RAPHEL DR  
City-St-Zip: ALEXANDRIA, LA 71303

Title: D ( ) Delete  
Name: BARNER, RODNEY  
Address: 1813 GAMMON LN  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. BRODNAX

REV.

03/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date