


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002502 1. Entity Name LIVING BY FAITH DELIVERANCE MINISTRIES, INC.	
---	---

Principal Place of Business 11845 S.W. 222 ST. GOULDS, FL 33170	Mailing Address 11845 S.W. 222 ST. GOULDS, FL 33170
---	---

DO NOT WRITE IN THIS SPACE



02282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 11-3665301	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHIGHAM, ALICIA 11845 S.W. 222 ST. GOULDS, FL 33170	DO NOT WRITE IN THIS SPACE
---	-------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BRYANT, SHIRLEY A 11845 S.W. 222 ST. GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD JOHNSON, ZELLA L 11845 S.W. 222 ST. GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD WHIGHAM, ALICIA 11845 S.W. 222 ST. GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000253465
03/07/05-80033-023 70.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley A. Bryant Shirley A. Bryant 3-3-05 AC 305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #