

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90467 033 \*\*\*\*61.25

**DOCUMENT # N02000005872**

1. Entity Name

**WORD OF FAITH AND DELIVERANCE MINISTRIES,  
INC.**



Principal Place of Business

**210 S SANFORD AVE  
SANFORD FL 32771**

Mailing Address

**P.O. BOX 950202  
LAKE MARY FL 32765**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**210 S. SANFORD AVE.**

Suite, Apt. #, etc.

City & State

**SANFORD, FL**

Zip

Country

**32771**

Country

**SEMINOLE**

4. FEI Number

**71-0898094**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, CAROLYN  
3493 OAK KNOLL POINTE  
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name

**HARLAN WALKER**

Street Address (P.O. Box Number is Not Acceptable)

**3493 OAK KNOLL PT.**

City

**LAKE MARY**

**FL**

Zip Code

**32746**

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-23-04**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **SHAW, MATTHEW**  
STREET ADDRESS **453 WEATHERSFIELD AVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **VP** ☐ Delete  
NAME **WALKER, CAROLYN**  
STREET ADDRESS **3493 OAK KNOLL POINTE**  
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **T** ☒ Delete  
NAME **FOSSITT, RODNEY**  
STREET ADDRESS **1310 DOUGLAS**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☒ Delete  
NAME **PEREZ, ANGEL**  
STREET ADDRESS **2384 CLAY CT**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition  
NAME **WALKER, HARLAN**  
STREET ADDRESS **3493 OAK KNOLL PT.**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **C** ☐ Change ☒ Addition  
NAME **FREEMAN, RAMONA**  
STREET ADDRESS **155 HICKORY STICK CT.**  
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **D** ☐ Change ☒ Addition  
NAME **SPAHN, GARY**  
STREET ADDRESS **2004 JEFFERSON ST.**  
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **DT** ☐ Change ☒ Addition  
NAME **YOUNG, LENNOR II**  
STREET ADDRESS **2003 ISLAND BAY CR.**  
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **DS** ☐ Change ☒ Addition  
NAME **YOUNG, TERIDA**  
STREET ADDRESS **2003 ISLAND BAY CR.**  
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Daytime Phone #

**04-23-04 407-688737**