


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90408 038 \*\*\*\*61.25

<b>DOCUMENT # N02000005872</b> 1. Entity Name <b>WORD OF FAITH AND DELIVERANCE MINISTRIES, INC.</b>					
Principal Place of Business <b>210 S SANFORD AVE SANFORD, FL 32771</b>			Mailing Address <b>210 S SANFORD AVE SANFORD, FL 32771</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>71-0898094</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALKER, HARLAN 3493 OAK KNOLL POINTE LAKE MARY, FL 32746</b>			7. Name and Address of New Registered Agent Name <u>Harlan Walker</u> Street Address (P.O. Box Number is Not Acceptable) <u>210 S. Sanford Ave</u> <u>8</u> City <u>Sanford</u> FL Zip Code <u>32771</u>		
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 <u><i>Harlan Walker</i></u> DATE <u>04-29-05</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, HARLAN		NAME		
STREET ADDRESS	3493 OAK KNOLL PT		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPALIN, GARY		NAME	CAROLYN WALKER	
STREET ADDRESS	2004 JEFFERSON ST		STREET ADDRESS	3493 OAK KNOLL PT.	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, LENNON II		NAME		
STREET ADDRESS	2003 ISLAND BAY CR		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, ANGEL		NAME		
STREET ADDRESS	2384 CLAY CT		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	C <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREEMAN, RAMONA		NAME	RAMONA WILLIAMS	
STREET ADDRESS	155 HICKORY STICK KCT		STREET ADDRESS	2225 CARDINAL COVE CR.	
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, TERINA		NAME		
STREET ADDRESS	2003 ISLAND BAY CR		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		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: <u><i>Harlan Walker</i></u>			04-29-05 407-688-7377 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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