

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90001 049 ****61.25

DOCUMENT # N02000006430

1. Entity Name
GRACE BY LIGHT DELIVERANCE CHURCH OF GOD,
INC.



Principal Place of Business

806 9TH ST. #7
LAKE PARK, FL 33403

Mailing Address

806 9TH ST. #7
LAKE PARK, FL 33403

54069902



08192004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0526614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANTY, STELLA A
806 9TH ST. #7
LAKE PARK, FL 33403

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CANTY, STELLA
STREET ADDRESS 806 9TH ST. #7
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE VD
NAME DAVIS, TERRY
STREET ADDRESS 806 9TH ST. #7
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE STD
NAME DANIELS, DIANA
STREET ADDRESS 806 9TH ST. #7
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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

8-15-04

Date

(560) 882-9747

Daytime Phone #