

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006924

FILED
Feb 22, 2005
Secretary of State

Entity Name: THE DELIVERANCE CENTER OF LOVE INC.

Current Principal Place of Business:

517 DELTONA BLVD.
B
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 391691
DELTONA, FL 32739

New Mailing Address:

FEI Number: 02-0639275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEARD, PAMELA MRS.
3710 TRADE STREET
DELTONA, FL 32738 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: PRES () Delete
Name: HEARD, PAMELA
Address: 3710 TRADE STREET
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: MCINTYRE, MARY
Address: 1750 CATALINA BLVD.
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: WHITE, BETTY
Address: 1777 E. CHAPEL DRIVE
City-St-Zip: DELTONA, FL 32725

Title: TREA () Delete
Name: MCINTYRE, TIMOTHY
Address: 1750 CATALINA BLVD
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: WHITE, WILLIE
Address: 1777 E CHAPEL DR
City-St-Zip: DELTONA, FL 32725

Title: VICE () Delete
Name: HEARD, JAMES B SR
Address: 3710 TRADE STREET
City-St-Zip: DELTONA, FL 32738

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:

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 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 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: PAMELA HEARD

PRES

02/22/2005

Electronic Signature of Signing Officer or Director

Date