2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2006
Secretary of State

DOCUMENT# N02000008594

Entity Name: DELIVERANCE CHURCH OF THE LIVING GOD COMMUNITY OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

1502 SW 3RD STREET
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

1502 SW 3RD STREET
OCALA, FL 34474

New Mailing Address:

FEI Number: 30-6157922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, SHIRLEY REV.
1502 SW 3RD STREET
OCALA, FL 34474 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:	PD	( ) Delete
Name:	THOMAS, SHIRLEY REV.	
Address:	1502 SW 3RD STREET	
City-St-Zip:	OCALA, FL 34474	
Title:	D	( ) Delete
Name:	RICHARDS, CHARLENE	
Address:	1502 SW 3RD STREET	
City-St-Zip:	OCALA, FL 34474	
Title:	D	( ) Delete
Name:	BREA, ELZA	
Address:	1502 SW 3RD STREET	
City-St-Zip:	OCALA, FL 34474	
Title:	VD	( ) Delete
Name:	BROBBEY, SAMUEL JR	
Address:	1502 SW 3RD STREET	
City-St-Zip:	OCALA, FL 34474	
Title:	TD	( ) Delete
Name:	SELLERS, LENNARD	
Address:	1502 SW 3RD. STREET	
City-St-Zip:	OCALA, FL 34474	
Title:	SD	( ) Delete
Name:	KINSLER, CHANDRA	
Address:	1502 SW 3RD. STREET	
City-St-Zip:	OCALA, FL 34474	

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 Chapter 119, 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: LENNARD SELLERS TD 03/05/2006

Electronic Signature of Signing Officer or Director — Date