

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008594

FILED
Feb 21, 2007
Secretary of State

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 (X) 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

02/21/2007

Electronic Signature of Signing Officer or Director

Date