

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008594

**FILED**  
**Apr 24, 2010**  
**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:**

1502 SW 3RD STREET  
OCALA, FL 34471

**Current Mailing Address:**

1502 SW 3RD STREET  
OCALA, FL 34474

**New Mailing Address:**

1502 SW 3RD STREET  
OCALA, FL 34471

**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:**

THOMAS, SHIRLEY REV.  
1502 SW 3RD STREET  
OCALA, FL 34471 US

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

04/24/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: THOMAS, SHIRLEY REV.  
Address: 1502 SW 3RD STREET  
City-St-Zip: Ocala, FL 34474

Title: D  
Name: BREA, ELZA  
Address: 1502 SW 3RD STREET  
City-St-Zip: Ocala, FL 34474

Title: TD  
Name: SELLERS, LENNARD  
Address: 1502 SW 3RD. STREET  
City-St-Zip: Ocala, FL 34474

Title: SD  
Name: KINSLER, CHANDRA  
Address: 1502 SW 3RD. STREET  
City-St-Zip: Ocala, FL 34474

I hereby 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 all other like empowered.

SIGNATURE: LENNARD SELLERS

TD

04/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date