2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004
Secretary of State

DOCUMENT# N02000009152

Entity Name: DELIVERANCE & HARVEST MINISTRIES,INC.

Current Principal Place of Business:

5118 29TH AVE S
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5118 29TH AVE S
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 65-1171161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUCKEBA, RALPH N DR.
5118 29TH AVE S
GULFPORT, FL 33707

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: HUCKEBA, RALPH N DR.
Address: 5118 29TH AVE S
City-St-Zip: GULFPORT,, FL 33707

Title: VPD ( ) Delete
Name: KIADII, GEORGE M DR.
Address: 5201 15TH AVENUE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VPD ( ) Delete
Name: HUCKEBA, PATRICIA L MRS.
Address: 5118 29TH AVE SO
City-St-Zip: GULFPORT, FL 33707

Title: VPT ( ) Delete
Name: KIADII, JENNIE MRS.
Address: 5201 15TH AVENUE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HUCKEBA, PATRICIA L MRS
Address: 5118 29TH AVE S
City-St-Zip: GULFPORT,, FL 33707

Title: 1VPD (X) Change ( ) Addition
Name: HUCKEBA, RALPH N DR.
Address: 5118 29TH AVE SO
City-St-Zip: GULFPORT, FL 33707

Title: 2VPD (X) Change ( ) Addition
Name: KIADII, JENNIE L MRS.
Address: 5201 15TH AVE SO
City-St-Zip: GULFPORT, FL 33707

Title: 3VPD (X) Change ( ) Addition
Name: KIADII, GEORGE M DR
Address: 5201 15TH AVENUE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: 4VPD ( ) Change (X) Addition
Name: LEPORE, ANGELA M MRS.
Address: 5014 26TH AVE SO
City-St-Zip: GULFPORT, FL 33707

Title: 5VPD ( ) Change (X) Addition
Name: LEPORE, PASQUALE REV
Address: 5014 26TH AVE SO
City-St-Zip: GULFPORT, FL 33707

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: MRS. PATRICIA L. HUCKEBA PD 01/26/2004

Electronic Signature of Signing Officer or Director — Date