2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 25, 2004 8:00 am
Secretary of State
05-03-2004 90668 002 ****70.00

66429028

MOORE CR2E037 (11/03)

DOCUMENT # N03000000043

1. Entity Name
GRACE AND MERCY HOUSE OF DELIVERANCE OUTREACH MINISTRIES INC

Principal Place of Business	Mailing Address
515 N.W. GIBSON LANE LAKE CITY FL 32055	515 N.W. GIBSON LANE LAKE CITY FL 32055

2. Principal Place of Business	3. Mailing Address
515 N.W. Gibson Lane	515 N.W. Gibson Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City Fla	City & State: Lake City Fla
Zip: 32055 Country: Columbia	Zip: 32055 Country: Columbia

4. FEI Number [redacted] ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALAVE, KATIE M 515 N.W. GIBSON LANE LAKE CITY FL 32055	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Katie M. Malave 4-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Pastor NAME Katie M. Malave STREET ADDRESS 515 N.W. Gibson Lane CITY-ST-ZIP Lake City Fla 32055	☐ Change ☑ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katie M. Malave 4-28-04 386-755-8805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #