

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90003 034 ****70.00

00001667



DOCUMENT # N03000000202 1. Entity Name TRUE DELIVERANCE MINISTRIES INCORPORATED					
Principal Place of Business 1700 W BROWARD BLVD FT LAUDERDALE, FL 33312			Mailing Address 3041 NW 5 CT FT LAUDERDALE, FL 33311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052005 Chg-NP CR2E037 (10/03) 4. FEI Number 30-0018736	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MITCHELL, SHIRLEY J 3041 NW 5 CT FT LAUDERDALE, FL 33311			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, SHIRLEY J		NAME		
STREET ADDRESS	3041 NW 5 CT		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	MS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAXWELL, TAMMY L		NAME		
STREET ADDRESS	7931 SW 9 ST		STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, LORIA		NAME		
STREET ADDRESS	501 SW 64TH TERR		STREET ADDRESS		
CITY-ST-ZIP	PINE BROOK PINE, FL 33023		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANELLE DANIEL, OLIVIA		NAME		
STREET ADDRESS	3874 LYONS ROAD		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33073		CITY-ST-ZIP		
TITLE	MT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL, WOODROW		NAME		
STREET ADDRESS	3874 LYONS ROAD		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33073		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUDREY KINSEY, EUG.		NAME		
STREET ADDRESS	19546 SW 103 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Shirley J. Mitchell - Shirley J. Mitchell</i>			Date <i>1/10/05</i> Daytime Phone # <i>954 581-0680</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					