


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90231 022 \*\*\*\*70.00

<b>DOCUMENT # N03000000923</b>	
1. Entity Name DELIVERANCE AND FAITH MINISTRIES, INC.	

Principal Place of Business 1231 TANGERINE CT EUSTIS, FL 32726	Mailing Address 1231 TANGERINE CT EUSTIS, FL 32726
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**50052619**

2. Principal Place of Business <i>1231 Tangerine Ct.</i>	3. Mailing Address <i>1231 Tangerine Ct.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Eustis, Florida</i>	City & State <i>Eustis, Florida</i>
Zip <i>32726</i>	Zip <i>32726</i>
Country <i>United States</i>	Country <i>United States</i>



04152005 Chg-NP CR2E037 (10/03)

4. FEI Number 80-0094975	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KING, RONALD 1231 TANGERINE CT EUSTIS, FL 32726	

7. Name and Address of New Registered Agent	
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 Ronald King Ronald King MAY 05, 2005  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, RONALD 1231 TANGERINE CT EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	M P King, Ronald (Bishop) 1231 Tangerine Ct. Eustis, Florida 32726 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	YP BRYANT, ALLEN 15042 COUNTY ROAD 48 ASTATULA, FL 34705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Clemence, DAVID P.O. Box 492812 Leesburg, Florida 34749 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KING, RHONDA J 1231 TANGERINE CT EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ronald King Ronald King MAY 05, 2005 (321)436-9858  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #