2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N03000000923

1. Entity Name

DELIVERANCE AND FAITH MINISTRIES, INC.



FILED Apr 07, 2006 08:00 AM Secretary of State

Principal Place of Business

ess Malling Address

1231 TANGERINE CT EUSTIS, FL 32726 1231 TANGERINE CT EUSTIS, FL 32726



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04072006 No Chg-NF

CR2E037 (11/05)

4. FEI Number 80-0094975 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

KING, RONALD 1231 TANGERINE CT EUSTIS, FL 32726

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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 Signature, typed or primed name of registered agent and tiffs if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finance Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP KING, BISHOP RONALD 1231 TANGERINE CT EUSTIS, FL 32726					
TITLE MAME STREET ADDRESS CITY-ST-ZIP	YP BRYANT, ALLEN 15042 COUNTY ROAD 48 ASTATULA, FL. 34705				000000497196 04/22/06-80037-021 70:00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KING, RHONDA J 1231 TANGERINE CT EUSTIS, FL 32726	<u>.</u>	DO NOT WRITE			
TATLE NAME STREET ADDRESS CATY-SI-ZIP	D CLEMENCE, DAVID P.O. BOX 492812 LEESBURG, FL 34749			IN THIS SPACE		
TITLE NAME STREET ADDRESS CHTY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath, that I am an officer or director of the composation 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.						