


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

FILED
Apr 26, 2004 8:00 am
Secretary of State


04-26-2004 91000 049 ****61.25

DOCUMENT # N03000001553	
1. Entity Name GOD'S ANOINTED DELIVERANCE MINISTRY, INC.	

Principal Place of Business 194 MAIN STREET CRESTVIEW FL 32536	Mailing Address 194 MAIN STREET CRESTVIEW FL 32536
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2. Principal Place of Business 194 main street Suite, Apt. #, etc.	3. Mailing Address 391 W Griffith Suite, Apt. #, etc.
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City & State Crestview FL	City & State Crestview FL
Zip 32536	Country OKalowsy

	
MOORE	CR2E037 (11/03)
4. FEI Number 48-1299079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOYD, WILLIAM J 391 W. GIFFITH AVENUE CRESTVIEW FL 32536
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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 William J Boyd Signature, typed or printed name of registered agent and file if applicable.	DATE 4-20-04 (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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	
TITLE President	<input type="checkbox"/> Delete
NAME William J Boyd	
STREET ADDRESS 391 W Griffith Ave	
CITY-ST-ZIP Crestview FL 32536	
TITLE Director	<input type="checkbox"/> Delete
NAME Natasha E Boyd	
STREET ADDRESS 391 W Griffith Ave	
CITY-ST-ZIP Crestview FL 32536	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Tamika D. Siler has been	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME deleted of treasure dept. She no longer	
STREET ADDRESS attends the church.	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: William J Boyd Signature and typed or printed name of signing officer or director	DATE 4-20-04 Daytime Phone # 850-423-0379