

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90012 048 \*\*\*\*61.25

<b>DOCUMENT # N03000003485</b>					
<b>1. Entity Name</b> THE NEW STAY IN TOUCH WITH GOD DELEVERANCE MINISTRIES INC.					
<b>Principal Place of Business</b> 455 WINTER STREET JACKSONVILLE, FL 32254			<b>Mailing Address</b> 455 WINTER STREET JACKSONVILLE, FL 32254		
<b>2. Principal Place of Business</b> 5541 ARLINGTON ROAD Suite, Apt. #, etc. #3		<b>3. Mailing Address</b> 455 WINTER ST Suite, Apt. #, etc.			
<b>City &amp; State</b> JACKSONVILLE Florida		<b>City &amp; State</b> JACKSONVILLE Florida		<b>4. FEI Number</b> 45-0504284	
<b>Zip</b> 32211		<b>Country</b> DUVAL		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> JONES, MERCY DR. 455 WINTER STREET JACKSONVILLE, FL 32254			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE <u>Dr. Mercy Jones</u> <span style="float: right;">1-21-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> JONES, MERCY DR. <b>STREET ADDRESS</b> 455 WINTER STREET <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> JONES, FLORIDA <b>STREET ADDRESS</b> 1931 BROOKLYN ROAD <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> BARBER, VONDA L <b>STREET ADDRESS</b> 351 CROSSING BLVD. <b>CITY-ST-ZIP</b> ORANGE PARK, FL 32073	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> JONES, WILLIE R <b>STREET ADDRESS</b> 455 WINTER STREET <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <u>Dr. Mercy Jones</u> <span style="float: right;">1-21-04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					