

**005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000003485



FILED
Jul 15, 2005 08:00 AM
Secretary of State

1. Entity Name
**THE NEW STAY IN TOUCH WITH GOD DELEVERANCE
MINISTRIES INC.**

Principal Place of Business
**5541 ARLINGTON ROAD
#3
JACKSONVILLE, FL 32211**

Mailing Address
**455 WINTER STREET
JACKSONVILLE, FL 32254**



07132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0504284

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, MERCY DR.
455 WINTER STREET
JACKSONVILLE, FL 32254**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JONES, MERCY DR.
455 WINTER STREET
JACKSONVILLE, FL 32254**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
JONES, FLORIDA
1931 BROOKLYN ROAD
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BARBER, VONDA L
351 CROSSING BLVD.
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JONES, WILLIE R
455 WINTER STREET
JACKSONVILLE, FL 32254**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000372968
07/15/05-80005-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Dr. Mercy Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-05

Date

Daytime Phone #