

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-24-2006 90021 005 ****61.25

DOCUMENT # N03000003485					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03012006 Chg-NP CR2E037 (11/05)	
4. FEI Number 45-0504284				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, MERCY DR. 455 WINTER STREET JACKSONVILLE, FL 32254			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME JONES, MERCY DR. STREET ADDRESS 455 WINTER STREET CITY-ST-ZIP JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME JONES, FLORIDA STREET ADDRESS 1931 BROOKLYN ROAD CITY-ST-ZIP JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Talescia A. Redding STREET ADDRESS 6801 Jack Horner Ln CITY-ST-ZIP Jacksonville, FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD NAME BARBER, VONDA L STREET ADDRESS 351 CROSSING BLVD. CITY-ST-ZIP ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Valencia J. Hill STREET ADDRESS 1613 Miss Muffet Ln S. CITY-ST-ZIP Jacksonville, FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME JONES, WILLIE R STREET ADDRESS 455 WINTER STREET CITY-ST-ZIP JACKSONVILLE, FL 32254	<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 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 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: <u>Dr. Mercy Jones</u> DR. MERCY JONES			4-3-06 (904) 422-3903		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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