

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90028 047 ****61.25

DOCUMENT # N03000004783

1. Entity Name

DELIVERANCE HOLINESS CHURCH, INC.



Principal Place of Business

DELIVERANCE HOLINESS
1807 3RD ST. SW
WINTER HAVEN FL 33880

Mailing Address

DELIVERANCE HOLINESS
P.O. BOX 645
WINTER HAVEN FL 33882-0645



2. Principal Place of Business

DELIVERANCE HOLINESS

Suite, Apt. #, etc.

1807 3RD ST. SW

City & State

WINTER HAVEN, FL.

Zip
33880

Country
POLK

3. Mailing Address

DELIVERANCE HOLINESS

Suite, Apt. #, etc.

P.O. BOX 645

City & State

WINTER HAVEN, FL.

Zip
33882-0645

Country
POLK

1st MOORE

CR2E037 (10/05)

4. FEI Number

01-0643537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKINZIE, ERVIN
730 AVENUE B SW
WINTER HAVEN FL 33880

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 ERVIN MCKINZIE (PASTOR)

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

Ervin McKinzie

(NOTE: Registered Agent signature required when reinstating)

2-17-06

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MCKINIE, ERVIN
STREET ADDRESS 730 AVE B SW
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ Delete
NAME MCKINIE, LENORA
STREET ADDRESS 730 AVE B SW
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ Delete
NAME MCKINNEY, LEROY
STREET ADDRESS 2010 5TH ST NE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE SD ☐ Delete
NAME MCKINNEY, LORNA
STREET ADDRESS 2010 5TH ST NE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

ERVIN MCKINZIE

Ervin McKinzie 2-17-06