2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
02-19-2008 90032 013 ****70.00

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1. Entity Name
DELIVERANCE HOLINESS CHURCH, INC.

Principal Place of Business	Mailing Address
DELIVERANCE HOLINESS 1807 3RD ST. SW WINTER HAVEN, FL 33880	DELIVERANCE HOLINESS P.O. BOX 645 WINTER HAVEN, FL 33882-0645

DO NOT WRITE IN THIS SPACE

02072008 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCKINIE, ERVIN
STREET ADDRESS	730 AVE B SW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	MCKINIE, LENORA
STREET ADDRESS	730 AVE B SW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	MCKINNEY, LEROY
STREET ADDRESS	2010 5TH ST NE
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	SD
NAME	MCKINNEY, LORNA
STREET ADDRESS	2010 5TH ST NE
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lorna McKinney 3-24-2008 863-294-7329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #