

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005062

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** FREEWILL DELIVERANCE POWERHOUSE MINISTRIES #2 INC**Current Principal Place of Business:**1433 N.E. 16TH AVE ANNEX  
GAINESVILLE, FL 32792 US**New Principal Place of Business:**108 S.W.6TH ST  
GAINESVILLE, FL 32601 US**Current Mailing Address:**7006 STAPOINT CT.  
SUITE A  
WINTERPARK, FL 32792 US**New Mailing Address:****FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**STUBBS, ANNETTE M VICE PR  
7006 SATPOINT CT.  
SUITE A  
WINTERPARK, FL 32792 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STUBBS, CAL H PRESIDE  
Address: 7006 STAPOINT CT.SUITE A  
City-St-Zip: WINTERPARK, FL 32792

Title: VP ( ) Delete  
Name: STUBBS, ANNETTE M VICEPRE  
Address: 7006 STAPOINT CT. SUITE A  
City-St-Zip: WINTERPARK, FL 32792

Title: SEC ( ) Delete  
Name: GREY, LORRAINE SEC/TRE  
Address: 4948 CASON COVE DR. APT#206  
City-St-Zip: ORLANDO, FL 32811

Title: ASST ( ) Delete  
Name: WATTS, KIMARA Y ASSPAST  
Address: 116 S.E. 50TH ST.  
City-St-Zip: GAINESVILLE, FL 32641

Title: ADV ( ) Delete  
Name: BARTON,STUBBS, SHANTAE L ADVISOR  
Address: 116 S.E. 50TH ST.  
City-St-Zip: GAINESVILLE, FL 32641

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ADV (X) Change ( ) Addition  
Name: ALLEN, DARLENE ADVISOR  
Address: 251 CLARKE ST  
City-St-Zip: EATONVILLE, FL 32805

Title: PAST (X) Change ( ) Addition  
Name: WATTS, KIMARA Y PASTOR  
Address: 116 S.E. 50TH ST.  
City-St-Zip: GAINESVILLE, FL 32641

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE M.STUBBS

VP

04/30/2004

Electronic Signature of Signing Officer or Director

Date