

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010075

FILED
Apr 27, 2005
Secretary of State

Entity Name: DELIVERANCE TEMPLE MINISTRIES, INC

Current Principal Place of Business:

9850 OXFORD STATION DRIVE
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

9850 OXFORD STATION DRIVE
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 27-0072381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESSICK, GREGORY A SR
9850 OXFORD STATION DRIVE
JACKSONVILLE, FL 32221 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: ESSICK, GREGORY A SR
Address: 9850 OXFORD STATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: V () Delete
Name: ESSICK, VANITA C
Address: 9850 OXFORD STATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: M () Delete
Name: ESSICK, GREGORY A JR
Address: 9850 OXFORD STATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: M () Delete
Name: ESSICK, SHANAN T
Address: 9850 OXFORD STATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GREGORY A. ESSICK SR

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date