

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001235

FILED
Mar 05, 2006
Secretary of State

Entity Name: CHURCH OF GOD PENTECOSTAL DELIVERANCE INC.

Current Principal Place of Business:

12562 ROBERT STREET
WHITE SPRINGS, FL 32096

New Principal Place of Business:

Current Mailing Address:

12562 ROBERT STREET
WHITE SPRINGS, FL 32096

New Mailing Address:

FEI Number: 56-2437777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, SABRINA
10319 1 STREET
WHITE SPRINGS, FL 32096 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: TR () Delete
Name: MARSHALL, SABRINA D
Address: 10319 1 STREET
City-St-Zip: WHITE SPRINGS, FL 32096

Title: P () Delete
Name: MARSHALL, SABRINA
Address: 10319 1 STREET
City-St-Zip: WHITE SPRINGS, FL 32096

Title: BM () Delete
Name: CARTER, CARROE
Address: P O BOX 1084
City-St-Zip: JASPER, FL 32052

Title: BM () Delete
Name: BYRAEN, LEROY
Address: P O BOX 165
City-St-Zip: WHITE SPRINGS, FL 32096

Title: BM () Delete
Name: MARSHALL, RICHARD
Address: 10319 1 STREET
City-St-Zip: WHITE SPRINGS, FL 32096

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:

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 Chapter 119, 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: SABRINA D.. MARSHALL

PRES

03/05/2006

Electronic Signature of Signing Officer or Director

Date