2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

	ANNUAL	KEPUKI			tary or S		
DOCUMENT # N0400001591 1. Entity Name GRACE AND TRUTH FELLOWSHIP OF DELIVERANCE INC.				04-25-2	008 90120 034 ***	*61.25	
Principal Place 209 E. 6TH S PANAMA CITY	STREET	Mailing Address 1007 BAY AVENUE PANAMA CITY, FL 32401		7002020			
2. Principal Pl	Bay AVENUE #, etc	3. Mailing Address 1007 Bay Suite, Apt. #, etc.	Avenue	04222008 Chg-NP	CR2E037 (12/06)		
Paria (ia Citu. El	Panama Ci	tu.Fl	4. FEI Number 71-0957303	Ap	plied For	
3240	Bay	32401	Bay	5. Certificate of Status Desired	\$8.75 Addi Fee Required	itional	
	6. Name and Addless of Current	Registered Agent	- Name	7. Name and Address of New	Registered Agent		
JACKSON, CARL D SR.				t 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 Carl D. Jack Son Sr. Call And authority authority and the interpretation of 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 Signature, hyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when leinstatung) DATE							
SIGNATURE .	Carl D. Jack Signature, typed or printed name of registered agent	SOU SV.	Coul A	ausam b	L. 4-24	<u>80.</u>	
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2008	Election Camp. Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees Fig	Make check payable to orida Department of St	ate	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Camp. Trust Fund Cor RECTORS	aign Financing ntribution.	\$5.00 May Be	Make check payable to orida Department of St ERS AND DIRECTORS IN	10	
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2. 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:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-68

Daythne Phone #