2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400001731

FILED May 25, 2005 Secretary of State

Current Mailing Address: New Mailing Addres				etary or State	
Current Mailing Address: Current Mailing Address: New Mailing Address in Address: New Mailing Address in Ad	Entity Na	ume: DELIVERING WORD FELLOWSHIP INC	· ·		
Current Mailing Address: Current Mailing Address: New Mailing Address in Address: New Mailing Address in Ad					
Current Mailing Address: New Mailing Address: FEI Number: 57:422870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: () Change () Addition Name: Name: () Change () Addition Name:	Current Principal Place of Business:		New Principal Place of Business:		
5780 KENWOOD DRIVE NORTH PORT, FL 34287 FEI Number: 57-1220870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: ROBINSON, EDWIN L 5780 KENWOOD DRIVE NORTH PORT, FL 34287 US 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: PD () Delete Title: () Change () Addition Name: Address: 5780 KENWOOD DRIVE Address: City-St-Zip: NORTH PORT, FL 34287 City-St-					
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		5780 KENWOOD DRIVE NORTH PORT, FL 34287 STD () Delete ROBINSON, SYLVIA A 5780 KENWOOD DRIVE	Name: Address: City-St-Zip: Title: () Change () A Name: Address:		

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: EDWIN ROBINSON PRES 05/25/2005