

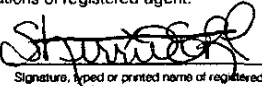


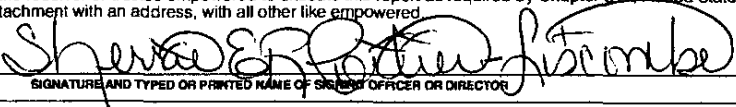
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90052 017 ****70.00

DOCUMENT # N04000002049 1. Entity Name THE DELIVERANCE CENTER, INC.					
Principal Place of Business 5962 NW 25 CT SUNRISE, FL 33313			Mailing Address 5962 NW 25 CT SUNRISE, FL 33313		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03212005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <div style="font-size: 1.5em; font-family: monospace;">571197284</div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent POITIER-LISCOMBE, SHERRIE 5962 NW 25 CT SUNRISE, FL 33313					
7. Name and Address of New Registered Agent Name Street 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:  <div style="text-align: right; margin-top: 10px;">DATE</div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P POITIER-LISCOMBE, SHERRIE 5962 NW 25 CT SUNRISE, FL 33313			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
V LISCOMBE, GIDEON 5962 NW 25 CT SUNRISE, FL 33313			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
ST STEWART, ERICA 5962 NW 25 CT SUNRISE, FL 33313			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
<div style="text-align: right;"> <input type="checkbox"/> Delete </div>			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
<div style="text-align: right;"> <input type="checkbox"/> Delete </div>			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
<div style="text-align: right;"> <input type="checkbox"/> Delete </div>			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  MS 31/05 754-322-4000 ext. 204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #