


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90162 036 ****61.25

DOCUMENT # N04000002231 1. Entity Name DELIVERED MINISTRIES, INC.			
Principal Place of Business 362 NW STREAMSIDE COURT LAKE CITY, FL 32055		Mailing Address 362 NW STREAMSIDE COURT LAKE CITY, FL 32055	
2. Principal Place of Business 2042 183rd Rd Suite, Apt. #, etc.		3. Mailing Address 2042 183rd Rd Suite, Apt. #, etc.	
City & State Live Oak, FL Zip 32060		City & State Live Oak, FL Zip 32060	
4. FEI Number 74-3119028		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03142005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent KHACHIGAN, STEVEN 362 NW STREAMSIDE COURT LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name Glen Green Street Address (P.O. Box Number is Not Acceptable) 2042 183rd Rd City Live Oak FL Zip Code 32060	
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 <u><i>Steve Green - President</i></u> DATE <u>4-4-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, JIMMIE G 2042 183RD ROAD LIVE OAK, FL 32060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KHACHIGAN, STEVEN 362 NW STREAMSIDE COURT LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREEN, TRACI N 2042 183RD ROAD LIVE OAK, FL 32060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LOREN 959 SE ROSSI DRIVE LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Brown, Loren 959 SE Rossi Dr Lake City, FL 32025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u><i>Steve Green</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-4-05</u> Daytime Phone # <u>386-842-2118</u>	