

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N04000002231

1. Entity Name

DELIVERED MINISTRIES, INC.



Principal Place of Business

2042 183RD RD  
LIVE OAK FL 32060

Mailing Address

2042 183RD RD  
LIVE OAK FL 32060



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-3119028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

2nd MOORE

CR2E037 (4/07)

6. Name and Address of Current Registered Agent

GREEN, GLEN  
2042 183RD RD  
LIVE OAK FL 32060

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 5, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
GREEN, JIMMIE G  
2042 183RD ROAD  
LIVE OAK FL 32060 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
ST  
GREEN, TRACI N  
2042 183RD ROAD  
LIVE OAK FL 32060 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VD  
BROWN, LOREN  
959 SE ROSSI DRIVE  
LAKE CITY FL 32025 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
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CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
U00000773062  
08/30/07-80003-011 61.25

TITLE  
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☐ Change ☐ Addition

12. 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:

Loren Brown Loren Brown 8/27/07 (300)6230526