

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003551

FILED
Apr 27, 2006
Secretary of State

Entity Name: LOVE, TRUTH, & DELIVERANCE OUTREACH MINISTRY, INC.

Current Principal Place of Business:

2979 SPENCER STREET
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 8846
JACKSONVILLE, FL 322398846

New Mailing Address:

FEI Number: 20-0772442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUTCHINSON, DEWAYNE L
5655 TIMUQUANA ROAD, SUITE #4
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

HUTCHINSON, DEWAYNE L
2979 SPENCER STREET
JACKSONVILLE, FL 32254 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

04/27/2006

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOLES, CARL D
Address: 4625 CAPE ELIZABETH COURT EAST
City-St-Zip: JACKSONVILLE, FL 32277

Title: V () Delete
Name: MILLS, CHUCK
Address: 24 WEST 3RD STREET APT. #2
City-St-Zip: JACKSONVILLE, FL 32206

Title: T (X) Delete
Name: HUTCHINSON, DEWAYNE L
Address: 3959 SERENO COURT
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HUTCHINSON, DEWAYNE L
Address: 1886 COLONIAL DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JACKIE DOLES

Electronic Signature of Signing Officer or Director

MRS.

04/27/2006

Date