

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003551

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: DIVINE TRUTH & DELIVERANCE 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:**

PAULL, DIANE L ESQ.  
3500 3RD STREET SOUTH  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

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:**

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP/S (X) Change ( ) Addition  
Name: DOLES, JACQUELYN  
Address: 4625 CAPE ELIZABETH COURT EAST  
City-St-Zip: JACKSONVILLE, FL 32277

Title: T ( ) Change (X) Addition  
Name: PHILLIPS, PAUL  
Address: 2979 SPENCER STREET  
City-St-Zip: JACKSONVILLE, FL 32254

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: CARL D. DOLES

P

01/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date