

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000004636	
1. Entity Name DELIVERANCE JESUS IS COMING WORSHIP CENTER, INC.	

Principal Place of Business 2568 SW GROTTO CIR PT ST LUCIE, FL 34953	Mailing Address 2568 SW GROTTO CIR PT ST LUCIE, FL 34953
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02172006 No Chg-NP CRZE037 (11/05)

4. FEI Number 55-0860458	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DUNN, MICHAEL A PASTOR
2568 SW GROTTO CIR
PT ST LUCIE, FL 34953**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, MICHAEL A PASTOR % 2568 SW GROTTO CIR PT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DUNN, REGINA PASTOR % 2568 SW GROTTO CIR PT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN, CLARA M ELDER % 2568 SW GROTTO CIR PT ST LUCIE, FL 34953
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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: Michael A. Dunn pastor **2/17/06**

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