

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006537

FILED
Mar 02, 2005
Secretary of State

Entity Name: GOD'S WAY DELIVERANCE MINISTRY INC.

Current Principal Place of Business:

5895 ELLAKEL ROAD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

5895 ELLAKEL ROAD
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 86-1110043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MITCHELL, BURNETTE
5895 ELLAKEL ROAD
JACKSONVILLE, FL 32208 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: MITCHELL, BURNETTE
Address: 5895 ELLAKEL ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP () Delete
Name: MITCHELL, CHARLESETTA A
Address: 5895 ELLAKEL ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Delete
Name: SHAW, NELLIE R
Address: 290 MITCHELL CIRCLE
City-St-Zip: QUINCY, FL 32351

Title: T () Delete
Name: MITCHELL, DEBORAH A
Address: 4906 CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: AS () Delete
Name: WILLIAMS, SONYA M
Address: 206 MOORE ROAD
City-St-Zip: QUINCY, FL 32351

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: AS () Change (X) Addition
Name: ROULHAC, HOPE A
Address: 5056 MONCRIEF ROAD
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BURNETTE MITCHELL

P

03/02/2005

Electronic Signature of Signing Officer or Director

_____ Date