

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90090 014 ****70.00

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1. Entity Name
DIVINE DELIVERANCE CHURCH OF GOD BY FAITH, INC.



Principal Place of Business
**POST OFFICE BOX 708
MELROSE, FL 32666**

Mailing Address
**POST OFFICE BOX 708
MELROSE, FL 32666**

00033437



2. Principal Place of Business
3362 SE 8th Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112005 Chg-NP CR2E037 (10/03)

City & State
Melrose, FL

City & State

4. FEI Number
56-2467781

Applied For
Not Applicable

Zip
32666

Country
USA

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUTCHINSON, RUFUS J. III
4915 NE 3RD PLACE
GAINESVILLE, FL 32641**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **P** ☐ Delete
NAME **HUTCHINSON, RUFUS J**
STREET ADDRESS **POST OFFICE BOX 5112**
CITY-ST-ZIP **GAINESVILLE, FL 32627**

TITLE **V** ☐ Delete
NAME **TUCKER, LEE**
STREET ADDRESS **2515 NE 64TH TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32666**

TITLE **S** ☒ Delete
NAME **SMITH, ROBERT**
STREET ADDRESS **POST OFFICE BOX 708**
CITY-ST-ZIP **MELROSE, FL 32666**

TITLE **T** ☐ Delete
NAME **TUCKER, GLENDA**
STREET ADDRESS **2515 NE 64TH TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Karla Hutchinson**
STREET ADDRESS **PO Box 708**
CITY-ST-ZIP **Melrose, FL 32666**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Rufus Hutchinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #