


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000006938	
1. Entity Name DIVINE DELIVERANCE CHURCH OF GOD BY FAITH, INC.	

Principal Place of Business 3562 SE 8TH AVENUE MELROSE, FL 32666	Mailing Address POST OFFICE BOX 708 MELROSE, FL 32666
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04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
56-2467781

Applied
Not App

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 am 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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUTCHINSON, RUFUS J
STREET ADDRESS	POST OFFICE BOX 5112
CITY-ST-ZIP	GAINESVILLE, FL 32627
TITLE	V
NAME	TUCKER, LEE
STREET ADDRESS	2515 NE 64TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32666
TITLE	S
NAME	HUTCHINSON, KARLA
STREET ADDRESS	PO BOX 708
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	T
NAME	TUCKER, GLENDA
STREET ADDRESS	2515 NE 64TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000519144
05/02/06-80040-012 70.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____

4/13/06