

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**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**



04042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**56-2467781**

Applied For

Not Applicable

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**

**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 accept the obligations of registered agent.

SIGNATURE

*Rufus James Hutchinson*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*4/9/08*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000892166  
04/23/08-80054-018 61.25

**10. OFFICERS AND DIRECTORS**

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

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

**SIGNATURE:**

*Lee Tucker, Sr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/9/08*

Daytime Phone #