

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-05-2005 90116 018 ****70.00

DOCUMENT # N04000008099					
1. Entity Name THE BIBLE WAY MINISTRY OF RESTORATION AND DELIVERANCE INC.					
Principal Place of Business 908 E ORANGE STREET LAKELAND, FL 33801			Mailing Address 908 E ORANGE STREET LAKELAND, FL 33801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05092005 Chg-NP CR2E037 (10/03)	
4. FEI Number 34-2015327				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNEALY, LARRY 908 E ORANGE STREET LAKELAND, FL 33801			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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MURRY, ROBERT <input type="checkbox"/> Delete 1208 JEWEL AVE LAKELAND, FL 33805				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MURRY, LOTTI <input type="checkbox"/> Delete 2710 KATHRYN AVE LAKELAND, FL 33805				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, ELDER J <input type="checkbox"/> Delete 804 W 13TH STREET LAKELAND, FL 33805				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNEALY, ELDER <input type="checkbox"/> Delete 908 E ORANGE STREET LAKELAND, FL 33801				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEALY, ELDER L <input type="checkbox"/> Delete 908 E ORANGE STREET LAKELAND, FL 33801				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCNEALY, ARLENE <input type="checkbox"/> Delete 908 E ORANGE STREET LAKELAND, FL 33801				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 6-27-2005 Daytime Phone #					

66024909

