


**2007-NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000008099</b>		
1. Entity Name <b>THE BIBLE WAY MINISTRY OF RESTORATION AND DELIVERANCE INC.</b>		
Principal Place of Business <b>908 E ORANGE STREET LAKELAND, FL 33801</b>	Mailing Address <b>908 E ORANGE STREET LAKELAND, FL 33801</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MCNEALY, LARRY 908 E ORANGE STREET LAKELAND, FL 33801</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 reinstating)</small>		
DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MURRY, ROBERT 1208 JEWEL AVE LAKELAND, FL 33805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MURRY, LOTTI 2710 KATHRYN AVE LAKELAND, FL 33805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, ELDER J 804 W 13TH STREET LAKELAND, FL 33805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNEALY, LARRY ELDER 908 E ORANGE STREET LAKELAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEALY, ELDER L 908 E ORANGE STREET LAKELAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCNEALY, ARLENE 908 E ORANGE STREET LAKELAND, FL 33801	
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: <u>Larry McNealy</u> <u>ELDER</u> <u>Larry McNealy</u> <u>4-14-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04162007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>34-2015327</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

U00000718759  
05/01/07-80032-028 70.00

863-616-9890  
or  
863-327-6320