


# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # <u>1105000002801</u>	
1. Entity Name <u>The Dedicated Deliverance Church of the Lord Jesus Christ.</u>	

**FILED**  
06 MAY -1 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1012 Silver Ridge Dr.</u>		3. Mailing Address <u>1012 Silver Ridge Dr.</u>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State <u>Tallahassee, FL</u>		City & State <u>Tallahassee, FL</u>	
Zip <u>32305</u>	Country <u>Leon</u>	Zip <u>32305</u>	Country <u>Leon</u>

4. FEI Number <u>47-0956014</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

CR2E037B (8/05)

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Billy R. Crumity</u>	Address (P.O. Box Number is Not Acceptable) <u>1012 Silver Ridge Dr.</u>
City <u>Tallahassee</u>	State <u>FL</u> Zip Code <u>32305</u>

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] DATE 5-1-2006  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25  
Initial or Amended AR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Billy Ray Crumity</u> <u>1484 Rocco Dr.</u> <u>Tallahassee, FL 32311</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>700075102857</u> <u>05/23/06--01049--023 **70.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Administrative Assistant</u> <u>Shelia P. Clark</u> <u>1012 Silver Ridge Dr.</u> <u>Tallahassee, FL 32305</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Board member</u> <u>Barbara Redick</u> <u>1490 Nashell Dr.</u> <u>Tallahassee, FL 32304</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Board member</u> <u>Ella Salter</u> <u>1708 Hughes Dr</u> <u>Plant City, FL 33566</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE [Signature]

5-1-2006