


- 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # N05000008448	
1. Entity Name UNDER THE BLOOD DELIVERANCE HOLINESS CHURCH, INC.	

Principal Place of Business 200 NW 5TH AVE MULBERRY, FL 33860	Mailing Address 200 NW 5TH AVE MULBERRY, FL 33860
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01232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0746773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, ROSA L
 2912 WHEELER ST
 BARTOW, FL 33830

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORMAN, ROSA L 2912 WHEELER ST BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, CHARLES 2880 DUDLEY DR BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNNER, ROBIN 2912 WHEELER ST BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/29/07-80042-016 61.25

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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: Rosa L. Norman Rosa L. Norman 1-23-07 863-533-1453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #