


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

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90008 042 \*\*\*\*61.25

**DOCUMENT # N05000009391**

1. Entity Name  
**CHURCH OF DELIVERANCE, PULLING DOWN STRONGHOLDS, DESTROYING, YOKES OUTREACH, HEALING, MIRACLES,**



Principal Place of Business  
 1414 EAST UNIVERSITY AVE  
 GAINESVILLE, FL 32601

Mailing Address  
 1414 EAST UNIVERSITY AVE  
 GAINESVILLE, FL 32601



2. Principal Place of Business - No P.O. Box #  
**1622 N.E. 18th Place**

3. Mailing Address  
**1622 N.E. 18th Place**

Suite, Apt. #, etc.

04272007 Chg-NP CR2E037 (12/06)

City & State  
**Gainesville Florida**

City & State  
**Gainesville Floride**

Zip  
**32609**

Country  
**United states**

Zip  
**32609**

Country  
**United States**

4. FEI Number  
 27-0130825

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GANDY, PATRINA**  
**722 N.W. 4TH AVENUE**  
**GAINESVILLE, FL 32601**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title 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**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	GANDY, WILLIAM APOSTLE 722 N.W. 4TH AVENUE GAINESVILLE, FL 32601	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	GANDY, PATRINA PASTOR 722 N.W. 4TH AVENUE GAINESVILLE, FL 32601	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	ROSS, CONRONON 2645 NW 42ND PLACE GAINESVILLE, FL 32605	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Patrina Gandy Patrina GANDY 4/26/07 312-0120 (352)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #