


5/1/2008-90198-049-\$70.00-\$70.00

08 JUN -6 AM 9:14

DOCUMENT # N07000000084 1. Entity Name GOD'S CHURCH OF DELIVERANCE INTERNATIONAL INC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 JUN -6 AM 9:14	
Principal Place of Business 1255 N. PINE HILLS AVENUE ORLANDO, FL 32818				Mailing Address PO BOX 555096 ORLANDO, FL 32855			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				04242008 Chg-NP CR2E037 (12/06)			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HARVEY, JULIET 4717 WYRESDALE STREET ORLANDO, FL 32808				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____			
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P JOHNSON, MCCLINE PO BOX 555096 ORLANDO, FL 32855				TITLE NAME STREET ADDRESS CITY-ST-ZIP JOHNSON, TANGANICA 3212 SHADY WILLOW DRIVE orlando, Florida 32808			
TITLE NAME STREET ADDRESS CITY-ST-ZIP T CORBETT, TANGANICA 3212 SHADY WILLOW DRIVE ORLANDO, FL 32808				TITLE NAME STREET ADDRESS CITY-ST-ZIP HARVEY, JULIET 4717 WYRESDALE STREET ORLANDO, FL 32808			
TITLE NAME STREET ADDRESS CITY-ST-ZIP S HARVEY, JULIET 4717 WYRESDALE STREET ORLANDO, FL 32808				TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)				TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)				TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)			
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: <i>Juliet Harvey</i>				4-25-08 (407)591-1137			