2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008558

Entity Name: THE CHURCH OF GOD DELIVERER USA, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9651 NW 56TH TERRACE 18180 NW 56TH TERRACE ORANGE LAKE, FL 32681 ORANGE LAKE, FL 32681

Current Mailing Address: New Mailing Address:

702 NE 27TH STREET 702 NE 27TH STREET OCALA, FL 344703674 0CALA, FL 344703674 US

FEI Number: 59-1727750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FORKS, LAWRENCE H SR
1838 LEONID ROAD
1706 S. W. 27TH STREET
JACKSONVILLE, FL 32218 US
1706 S. W. 27TH STREET
OCALA, FL 34471 US

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.

SIGNATURE: DR. MARCIA ROBERSON-FIELDS 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: FIELDS, ARTHUR B JR. P (X) Change () Addition Name: FIELDS, ARTHUR B JR.

 Address:
 1706 SW 56TH TERRACE
 Address:
 1706 SW 27TH STREET

 City-St-Zip:
 ORANGE LAKE, FL 32681
 City-St-Zip:
 OCALA, FL 34471 US

Title: P () Delete Title: P (X) Change () Addition
Name: ROBERSON-FIELDS, MARCIE Name: ROBERSON-FIELDS, MARCIA L DR.

 Address:
 1706 SW 27TH STREET
 Address:
 1706 SW 27TH STREET

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34471

Title: () Delete Title: (X) Change () Addition LEE, CHARLES Name: ROBERSON, CHRISTOPHER R Name: 10622 NW 60TH TERRACE 6470 N.W. 56TH TERRACE Address: Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip: OCALA, FL 34482 US

Title: T () Delete Title: T (X) Change () Addition Name: ROBERSON, CHRISTOPHER Name: SMITH, DIANE

Address: 6470 NW 56TH TERRACE Address: 100 N.W. 23RD AVENUE APT 1005

City-St-Zip: OCALA, FL 34482 City-St-Zip: OCALA, FL 34475 US

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf (1) Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change (1) Addition}$

 Name:
 SMITH, DIANE
 Name:
 FRAZIER, CELETE

 Address:
 100 NW 23RD AVENUE, APT 1005
 Address:
 1104 N. E. 4TH AVENUE

 City-St-Zip:
 OCALA, FL 34475
 City-St-Zip:
 WILLISTON, FL 32696 US

Title: T () Delete Title: T (X) Change () Addition

 Name:
 JACKSON, GERALD
 Name:
 JACKSON, GERALD

 Address:
 PO BOX 501
 Address:
 PO BOX 501

 City-St-Zip:
 RREDDICK, FL 32216
 City-St-Zip:
 REDDICK, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MARCIA ROBERSON-FIELDS PRES 04/28/2009