

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009319

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** PENTECOSTAL DELIVERANCE CENTER, INC.

**Current Principal Place of Business:**

1394 MCCALL STREET  
JENNINGS, FL 32053

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 25  
JENNINGS, FL 32053

**New Mailing Address:**

**FEI Number:** 26-4389062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLOW, GEORGE W III  
205 PARSHLEY ST SW  
LIVE OAK, FL 32064 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: WOOD, EDGAR  
Address: 4411 161ST ROAD  
City-St-Zip: LIVE OAK, FL 32060 US

Title: VP  
Name: WOOD, ERIC  
Address: 4291 161ST ROAD  
City-St-Zip: LIVE OAK, FL 32060 US

Title: S/T  
Name: ONEAL, WANDA J  
Address: 11460 119TH DRIVE  
City-St-Zip: LIVE OAK, FL 32060 US

Title: D  
Name: BROOKER, DON  
Address: 552 PINE BRANCH LANE  
City-St-Zip: QUITMAN, GA 31643 US

Title: D  
Name: ROGERS, CONRAD  
Address: 2729 HIGHWAY 135  
City-St-Zip: LAKE PARK, GA 31636 US

Title: D  
Name: ADAMS, CLARENCE  
Address: 4171 NW 69TH BLVD  
City-St-Zip: JENNINGS, FL 32053 US

I hereby 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 all other like empowered.

SIGNATURE: WANDA J ONEAL

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01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date