

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19498

FILED  
Apr 20, 2007  
Secretary of State

**Entity Name:** EMMANUEL DELIVERANCE CHURCH OF GOD, INC.

**Current Principal Place of Business:**

1309 GEORGIA AVENUE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1822  
WEST PALM BEACH, FL 33402

**New Mailing Address:**

**FEI Number:** 65-0218632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EGBULONU, DONALD  
3001 BERNARDO LANE  
WEST PALM BEACH, FL 33407 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 ( ) Delete  
Name: EGBULONU, KIMBERLY  
Address: 3001 BERNARDO LANE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DV ( ) Delete  
Name: MCKINZY, MARY  
Address: 1099 W 27TH STREET  
City-St-Zip: RIVIERA BEACH, FL

Title: S ( ) Delete  
Name: HAYWOOD, PAULETTE  
Address: 3901 36TH CT #209A  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: HUMPHREYS, PATRICIA  
Address: 440 WEST 25TH STREET  
City-St-Zip: RIVIERA, FL 33404

Title: D ( ) Delete  
Name: YOUNG, ISAAC  
Address: 101 N CHILLINGSWORTH  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete  
Name: MARCELLE, NORBERT S JR  
Address: 1600 39TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY C. EGBULONU

P

04/20/2007

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

\_\_\_\_\_  
Date