

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90025 041 ****61.25

DOCUMENT # N25824

1. Entity Name

JESUS' DELIVERANCE TABERNACLE, INC.



Principal Place of Business

Mailing Address

HIGHWAY 301
 P.O. BOX 729
 WALDO FL 32694

HIGHWAY 301
 P.O. BOX 729
 WALDO FL 32694

2. Principal Place of Business

3. Mailing Address

17205 N.E. Hwy 301
 Suite, Apt. #, etc.

P.O. Box 729
 Suite, Apt. #, etc.

City & State

City & State

Waldo, Florida

Waldo, Florida

Zip

Country

Zip

Country

32694

Alachua

32694

Alachua

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, SARAH L
 10307 S. 106TH AVE
 GRAHAM FL 32042

Name Sarah L. Davis

Street Address (P.O. Box Number is Not Acceptable)
 10307 S.W. 106th Ave.

City Graham

FL

Zip Code 32042

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 Sarah L. Davis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-14-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	DAVIS, SAMUEL J.	
STREET ADDRESS	17205 N.E. HWY 301	
CITY-ST-ZIP	WALDO FL 32694	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVIS, MARTHA S.	
STREET ADDRESS	17205 N.E. HWY 301	
CITY-ST-ZIP	WALDO FL 32694	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, GORDON A	
STREET ADDRESS	10307 S 106TH AVE	
CITY-ST-ZIP	GRAHAM FL 32042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Martha S. Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14, 2005 (352) 468-2712
 Date Daytime Phone #