


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

| | | |
|--|---------------------------------|---|
| DOCUMENT # N25824 1. Entity Name JESUS' DELIVERANCE TABERNACLE, INC. | |  |
| Principal Place of Business 17205 NE HWY 301 P.O. BOX 729 WALDO FL 32694 | | Mailing Address PO BOX 729 WALDO FL 32694 |
| 2. Principal Place of Business - No P.O. Box # 17205 N.E. Hwy. 301 Suite, Apt #, etc. | | 3. Mailing Address P.O. Box 729 Suite, Apt #, etc. |
| City & State Waldo, Florida Zip 32694 | | City & State Waldo, Florida Zip 32694 |
| Country (U.S.A.) Alachua | | Country (U.S.A.) Alachua |
| 4. FEI Number 59-2905626 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent DAVIS, SARAH L 10307 S. 106TH AVE GRAHAM FL 32042 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> |
| 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: <i>Sarah L. Davis</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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 NAME STREET ADDRESS CITY ST ZIP PD DAVIS, SAMUEL J. 17205 N.E. HWY 301 WALDO FL 32694 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000602772 01/26/07-80194-004 66.25 |
| TITLE NAME STREET ADDRESS CITY ST ZIP STD DAVIS, MARTHA S. 17205 N.E. HWY 301 WALDO FL 32694 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP VD DAVIS, GORDON A 10307 S 106TH AVE GRAHAM FL 32042 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Martha S. Davis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <i>Jan. 22, 2007</i> <small>Date Daytime Phone #</small> |



1st MOORE CR2E037 (10/06)