

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25940

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** THE PILLAR GROUND HOLINESS DELIVERANCE CHURCH, INC.

**Current Principal Place of Business:**

712 WEST LISBON PKWY  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

712 WEST LISBON PKWY  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 59-3017452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLEY, WALTER  
712 WEST LISBON PARKWAY  
DELAND, FL 32720 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: PD  
Name: KELLEY, WALTER  
Address: 712 W. LISBON PKWY  
City-St-Zip: DELAND, FL 32720

Title: D  
Name: DUBOSE, GLORIA  
Address: 300 W ATWATER AVE #402  
City-St-Zip: EUSTIS, FL 32726

Title: D  
Name: PORTER, JEROME  
Address: 719 E NEW ST  
City-St-Zip: DELAND, FL 32724

Title: D  
Name: KELLEY, EVELYN  
Address: 712 W. LISBON PKWY  
City-St-Zip: DELAND, FL 32720

Title: D  
Name: SMART, KEN  
Address: 129 BRIDGEHAVEN DR  
City-St-Zip: PALM COAST, FL 32135

Title: ST  
Name: PORTER, LINDA  
Address: 719 E NEW ST  
City-St-Zip: DELAND, FL 32724

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: MARLA ASAY

BK

01/14/2010

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

\_\_\_\_\_  
Date