

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27606

FILED
Apr 18, 2005
Secretary of State

Entity Name: FULLGOSPEL CHURCH OF DELIVERANCE, INC.

Current Principal Place of Business:

1003 N 16TH ST
C/O JOHNNY F. TAYLOR
FORT PIERCE, FL 349503249

New Principal Place of Business:

Current Mailing Address:

1003 N 16TH ST
C/O JOHNNY F. TAYLOR
FORT PIERCE, FL 349503249

New Mailing Address:

FEI Number: 65-0037792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, JOHNNY F.
1003 N 16TH ST
FORT PIERCE, FL 34947 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 () Delete
Name: TAYLOR, JOHNNY F.,
Address: 3102 NAVAJO AVENUE
City-St-Zip: FORT PIERCE, FL

Title: SD () Delete
Name: JONES, RUBY
Address: 2412 N 51 ST
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: TAYLOR, JOHNNY O NEAL
Address: 603-A ROSELYN AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: MUSGROVE, ARTHUR
Address: 3210 KENTUCKY
City-St-Zip: FT PIERCE, FL 34947

Title: D () Delete
Name: NETTLES, ROBERT
Address: 7703 NORTH BLVD
City-St-Zip: FORT PIERCE, FL 34951

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHNNY F. TAYLOR

PD

04/18/2005

Electronic Signature of Signing Officer or Director

Date