

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N28098

1. Entity Name  
CRY OF DELIVERANCE OUTREACH AND MINISTRY, INC.



Principal Place of Business

4589 LA VISTA DRIVE  
ORLANDO, FL 32808

Mailing Address

4589 LA VISTA DR.  
ORLANDO, FL 32808

**FILED**  
May 02, 2007 08:00 A  
Secretary of State



03012007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

35-2225933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

RUTLEDGE, PRIMUS JR  
4589 LA VISTA DR.  
ORLANDO, FL 32808

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RUTLEDGE, PRIMUS JR.  
STREET ADDRESS 4589 LA VISTA DRIVE  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE VPD  
NAME GREEN, DOROTHY  
STREET ADDRESS 4589 LAVISTA DRIVE  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE STD  
NAME BRYANT, MARILYN  
STREET ADDRESS 4589 LAVISTA DRIVE  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D  
NAME WILLIAMS, WANDA  
STREET ADDRESS 3665 CHALET COURT  
CITY-ST-ZIP ORLANDO, FL 32818

TITLE D  
NAME HOLIDAY, JAMES  
STREET ADDRESS 4589 LA VISTA DRIVE  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D  
NAME RUTLEDGE, ANNIE L  
STREET ADDRESS 5970 NW COUNTY HWY 318  
CITY-ST-ZIP REDDICK, FL

000000757851  
05/23/07-80088-018-61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Primus Rutledge Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-07

407-290-3308

Date

Daytime Phone