

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 07, 2005
Secretary of State

DOCUMENT# N34339

Entity Name: THE BODY OF CHRIST DELIVERANCE MINISTRY INC.**Current Principal Place of Business:**3127 FRANKLIN STREET
JACKSONVILLE, FL 322062417**New Principal Place of Business:****Current Mailing Address:**3127 FRANKLIN STREET
JACKSONVILLE, FL 322062417**New Mailing Address:****FEI Number:** 59-2973642**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ROBINSON, VICTOR R SR
6750 RAMONA BLVD
APT 526
JACKSONVILLE, FL 32205 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:** D () Delete
Name: ROBINSON, VICTOR R SR
Address: 6750 RAMONA BLVD APT 526
City-St-Zip: JACKSONVILLE, FL 32205**Title:** D () Delete
Name: ROBINSON, JEREMIAH I
Address: 5710 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32205**Title:** D () Delete
Name: ROBINSON, MARGARET J
Address: 1933 SPRUCE AVE
City-St-Zip: WEST PALM BEACH, FL 33407**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: ROBINSON, JEREMIAH I
Address: 5710 LENOX AVE APT814
City-St-Zip: JACKSONVILLE, FL 32205**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: MARGARET J. ROBINSON

PAST

06/07/2005

Electronic Signature of Signing Officer or Director_____
Date