## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N35077

FILED Apr 27, 2007 Secretary of State

Entity Name: CATHEDRAL OF DELIVERANCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 126 EAST 7TH STREET 1939 BELVEDERE ST. JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32208 **Current Mailing Address: New Mailing Address:** PO BOX 40771 JACKSONVILLE, FL 32203 FEI Number: 59-2976834 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EICHELBERGER, SR., CHARLES B MR. EICHELBERGER, SR., CHARLES B MR. 1413 HARRINGTÓN PARK DRIVE 1939 BELVEDERE ST. JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32208 US 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: 04/27/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition EICHELBERGER, SR., CHARLES B MR. EICHELBERGER, SR., CHARLES B MR. Name: Name: 1413 HARRINGTON PARK DRIVE Address: 1939 BELVEDERE ST. Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32208 Title: ( ) Delete Title: () Change () Addition ROULHAC, TERRANCE L MR. Name: Name: Address: 4395 HANOVER PARK DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: () Delete Title: () Change () Addition DENSON, SR., GARRY L MR. Name: Name: Address: 2756 GLENN MAWR RD. Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: EICHELBERGER, CYNTHIA D MRS. Name: 1413 HARRINGTON PARK DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: ( ) Delete Title: () Change () Addition EICHELBERGER, VERA MRS. Name: Name: 1367 EAGLE COVE ROAD, S. Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HOOKS, SR., ROBERT L MR. Name: Name: Address: 3454 COMMONWEALTH AVE. Address: JACKSONVILLE, FL 32254 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHARLES B. EICHELBERGER, SR. PD 04/27/2007