

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38732

**FILED**  
**Feb 18, 2012**  
**Secretary of State**

**Entity Name:** THE ASSEMBLY OF DELIVERANCE (INC.)

**Current Principal Place of Business:**

551 N.W. 7TH AVE  
MICANOPY, FL 32667 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 308  
MICANOPY, FL 32667

**New Mailing Address:**

**FEI Number:** 59-3017856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, WILLIAM E  
11411 ST ROAD 24 #52  
BRONSON, FL 32618 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: JONES, WILLIAM EDWARD  
Address: 551 NW 7TH AVE  
City-St-Zip: MICANOPY, FL 32667

Title: SD  
Name: LEWIS, EARLIE M  
Address: NE 39 AVE WALDO RD  
City-St-Zip: GAINSVILLE, FL 32608

Title: TD  
Name: COWARD, BRENDDE  
Address: 11015 E. 15TH STREET APT #86  
City-St-Zip: GAINESVILLE, FL

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: WILLIAM EDWARD JONES SR.

PD

02/18/2012

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

\_\_\_\_\_  
Date