


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # N42387	
1. Entity Name CHRISTIAN DELIVERANCE CENTER, INC., OF JENNINGS, FLORIDA	

Principal Place of Business P.O. BOX 456 JENNINGS FL 32053	Mailing Address P.O. BOX 456 JENNINGS FL 32053
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3056402	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARRETT, CHARLES H. NORTH HAMILTON ELEMENTARY SCHOOL RT. 1, BOX 6 JENNINGS FL 32053	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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 re-instating)	DATE
-----------	--	------

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GANDY, NORMAN L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 241 N/A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JENNINGS FL</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	GANDY, NORMAN L.		STREET ADDRESS	PO BOX 241 N/A		CITY - ST - ZIP	JENNINGS FL		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	GANDY, NORMAN L.																								
STREET ADDRESS	PO BOX 241 N/A																								
CITY - ST - ZIP	JENNINGS FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BARRETT, SARAH G.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 115 N/A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JENNINGS FL</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	BARRETT, SARAH G.		STREET ADDRESS	P.O. BOX 115 N/A		CITY - ST - ZIP	JENNINGS FL		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	BARRETT, SARAH G.																								
STREET ADDRESS	P.O. BOX 115 N/A																								
CITY - ST - ZIP	JENNINGS FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GANDY, NORMAN L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 241 N/A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JENNINGS FL</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	GANDY, NORMAN L.		STREET ADDRESS	P.O. BOX 241 N/A		CITY - ST - ZIP	JENNINGS FL		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	GANDY, NORMAN L.																								
STREET ADDRESS	P.O. BOX 241 N/A																								
CITY - ST - ZIP	JENNINGS FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROBINSON, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 22 N/A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>OLUSTEE FL</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	ROBINSON, JAMES		STREET ADDRESS	PO BOX 22 N/A		CITY - ST - ZIP	OLUSTEE FL		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	ROBINSON, JAMES																								
STREET ADDRESS	PO BOX 22 N/A																								
CITY - ST - ZIP	OLUSTEE FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BARRETT, CHARLES H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 115 N/A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JENNINGS FL</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	BARRETT, CHARLES H		STREET ADDRESS	P.O. BOX 115 N/A		CITY - ST - ZIP	JENNINGS FL		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	BARRETT, CHARLES H																								
STREET ADDRESS	P.O. BOX 115 N/A																								
CITY - ST - ZIP	JENNINGS FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Charles H. Barrett</i> Charles H. Barrett	Date: <i>2/24/05</i>	Daytime Phone #: <i>386-938-2375</i>
--	----------------------	--------------------------------------