2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N42387

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

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

01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3056402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GANDY, NORMAN L.
STREET ADDRESS	PO BOX 241 N/A
CITY-ST-ZIP	JENNINGS, FL
TITLE	D
NAME	BARRETT, SARAH G.
STREET ADDRESS	P.O. BOX 115 N/A
CITY-ST-ZIP	JENNINGS, FL
TITLE	D
NAME	GANDY, NORMAN L.
STREET ADDRESS	P.O. BOX 241 N/A
CITY-ST-ZIP	JENNINGS, FL
TITLE	D
NAME	ROBINSON, JAMES
STREET ADDRESS	PO BOX 22 N/A
CITY-ST-ZIP	OLUSTEE, FL
TITLE	D
NAME	BARRETT, CHARLES H
STREET ADDRESS	P.O. BOX 115 N/A
CITY-ST-ZIP	JENNINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/06-80007-006 61.25

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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: Charles H. Barrett Charles H. Barrett 2/12/06 386-938-2375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #