


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N50764 1. Entity Name BIBLE TRUTH DELIVERANCE CHURCH, INC.		
Principal Place of Business 931 22ND AVE SO ST. PETERSBURG, FL 33705 US		Mailing Address 931 22ND AVE. SOUTH ST. PETERSBURG, FL 33705 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GARRETT, JESSE B., SR. 2155 15TH AVE SOUTH SAINT PETERSBURG, FL 33712		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DC	
NAME	GARRETT, JESSE B., SR.	
STREET ADDRESS	2155 15TH AVE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	
TITLE	D	
NAME	GRAHAM, JACOB, SR.	
STREET ADDRESS	1016 19TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	D	
NAME	GRAHAM, GAIL	
STREET ADDRESS	1016 19TH AVE. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	S	
NAME	LEWIS, RHONDA	
STREET ADDRESS	3900 5TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <i>Rhonda Lewis</i>		<i>4/22/06</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>



04212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3133547

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000532559
05/06/06-80088-010 61.25

**DO NOT WRITE
IN THIS SPACE**