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

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90074 021 ****70.00

DOCUMENT # N50783

1. Entity Name

CHURCH OF JESUS CHRIST, DELIVERANCE TEMPLE INCORPORATED

Principal Place of Business	Mailing Address
1801 14TH AVE S ST. PETERSBURG FL 33712 US	2543 58TH TERR SOUTH ST PETERSBURG FL 33712 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
1111 18th Ave S.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg Fl.	City & State
Zip: 33712 Country: Pinellas	Zip Country

4. FEI Number 59-3190177 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POWELL, WINSOME 2543 58TH TERRACE SOUTH ST PETERSBURG FL 33712	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 reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWELL, WINSOME E 2543 58TH TERRACE S ST PETE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jasper Brisbon 1010 E. Linebaugh Ave Tampa Fl. 33612 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWELL, KAREN S 2025 LAKEWOOD CLUB DR S SAINT PETERSBURG FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Flossie Brisbon 1010 E. Linebaugh Ave Tampa Fl. 33612 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWELL, ALECIA 2543 58TH TERR SOUTH ST PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O RAMSEY, ANNETTE 1000 66TH ST N #5 SAINT PETERSBURG FL 33710	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Winsome Powell 4/24/05 727-866-0261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #