


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # N51373 1. Entity Name UNITED DELIVERANCE CHRISTIAN CENTER, INC.	
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Principal Place of Business 428 JERNIGAN AVENUE ORLANDO, FL 32805	Mailing Address 428 JERNIGAN AVENUE ORLANDO, FL 32805
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04222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3128436	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOWERY, JAMES 428 JERNIGAN AVENUE ORLANDO, FL 32805
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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

000000330948
04/25/05-80177-023 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOWERY, JAMES 1710 GUINYARD STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOWERY, EVELYN 1710 GUINYARD STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O JEFFERSON, VIRGINIA 10404 WESTLEY WAY ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ALEXANDER, CEASER 3037 GRANDOLA DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALEXANDER, MARY 3037 GRANDOLA DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O WATTS, LAURA 2501 KINGSLAND AVE ORLANDO, FL 32808

**DO NOT WRITE
IN THIS SPACE**

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: *JW Lowery* *JW Lowery* 4/22/05 4072957294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #