2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000001191

1. Entity Name
NEW LIFE DELIVERANCE MINISTRIES, INC.

Principal Place of Business	Mailing Address
115 LYNN WOOD DR. BAINBRIDGE, GA 31717	PO BOX 6162 TALLAHASSEE, FL 32301

04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0392491
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PORTER, JACQUELYN C
3304 BAHAMA DR.
TALLAHASSEE, FL 32311

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P\D
NAME	PORTER, JACQUELYN C
STREET ADDRESS	3304 BAHAMA DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	S\T
NAME	WALKER, CYNTHIA
STREET ADDRESS	657 CHARLIE HARRIS LOOP
CITY-ST-ZIP	QUINCY, FL 32352
TITLE	T
NAME	PORTER, MARY A
STREET ADDRESS	128 GAIL DRIVE
CITY-ST-ZIP	BAINBRIDGE, GA 39817
TITLE	MD
NAME	KNIGHT-DAWSON, ROSE
STREET ADDRESS	502 CIRCLE DR
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/05-80071-006 70.00

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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: Jacquelyn C. Porter Jacquelyn C. Porter 4/18/05 4/18/05 850671-2583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #