

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

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000001191**

1. Entity Name  
**NEW LIFE DELIVERANCE MINISTRIES, INC.**



Principal Place of Business  
**115 LYNN WOOD DR.  
 BAINBRIDGE, GA 31717**

Mailing Address  
**PO BOX 6162  
 TALLAHASSEE, FL 32301**



02052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0392491</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

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

U00000432736  
 02/23/06-80080-018 70.00

**DO NOT WRITE  
 IN THIS SPACE**

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:** *Jacquelyn C. Porter* **2/8/06** **850 671-2583**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #