2004 NOT-FOR-PROFIT CORPORATION SA ANNUAL REPORT (AR)

SIGNATURE:

## Mar 09, 2004 8:00 am Secretary of State DOCUMENT # N93000001692 1. Entity Name 03-09-2004 90073 001 \*\*\*\*61.25 CHURCH OF DELIVERANCE OF GOD, INC. 03-09-2004 90073 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address % EFFIE Fain 14516 LINCOLN RD RICHMOND HEIGHTS FL 33176 %-ANNETTE-JOHNSON 28700SW149 100 810 N.W. OTH AVENUE HOMESTEAD FL 33030 CHOREST AT BOW 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CR2E037 (11/03) 28700 SW City & State 4. FEI Number Applied For 65-0417217 Not Applicable 40mestead Zip \$8.75 Additional Country 5. Certificate of Status Desired 3303 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. WILSON, DORA Street Address (P.O. Box Number is Not Acceptable) 14516 LÍNCOLN RD RICHMOND HEIGHTS FL 33176 City Zip Code Fl 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 Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE WILSON, DORA NAME NAME 14516 LINCOLN RD STREET ADDRESS STREET ADDRESS RICHMOND HEIGHTS FL 33176 CITY-ST-7IP CITY-ST-ZIP VPD TITLE VITID Change ☐ Addition TITI F ☐ Delete FAIR. EFFIE NAME ÑAME 14516 LINCOLN RD STREET ADDRESS STREET ADDRESS RICHMOND HEIGHTS FL 33176 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE Daisy Russ 10200 S.W. 173 Street PITMANFAEVINT NAME NAME 13080 SW 260TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33032 CITY-ST<sub>Z</sub>ZIP CITY-ST-ZIP Perrine FL 33157 Change TITLE ☐ Addition $\Pi \Pi E'$ ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change -\_\_ [2] Addition Delete-TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED