2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N93000003242



Apr 03, 2006 8:00 am Secretary of State

FILED

04-03-2006 90399 033 ****61.25 1. Entity Name THE LORD JESUS CHRIST HOLINESS DELIVERANCE CHURCH FOR ALL PEOPLE, INC. Principal Place of Business Mailing Address 3846 FREEMAN RD. 3846 FREEMAN RD. JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREEN. ELLENE Street Address (P.O. Box Number is Not Acceptable) 3846 FREEMAN RD. JACKSONVILLE FL 32207 City 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 again and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREEN, ELLENE NAME NAME 3846 FREEMAN RD. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition COLEMAN, FLORA D NAME NAME 11217 FORENTILE RD. STREET ADORESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 CITY-ST-ZIP TD TITLE ☐ Delete ☐ Change ■ Addition COLEMAN, MARION NAME NAME STREET ADDRESS 11217 FORESTDALE RD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 CITY-ST-ZIP Harper, JEARIdiNE 874, Humberside La TITLE ☐ Delete TITLE (X Change ☐ Addition HARPER, JEARLDINE G Address STREET ADDRESS 7836 NAPO-DRIVE STREET ADDRESS JACKSONVIlle 71. 32219 JACKSONVILLE FL 32217 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE **

CITY-ST-ZIP