

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004225

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: DIVINE DELIVERANCE MINISTRIES INC

## Current Principal Place of Business:

836 DR MARY MCLEOD BLVD  
DAYTONA BEACH, FL 32114 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 26  
DAYTONA BEACH, FL 32115 US

## New Mailing Address:

FEI Number: 59-3203365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERRY, OCTAVIOUS K  
1960 DORIAN LN  
DELTONA, FL 32738 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILLIAMS, DIANA  
Address: 836 MARY MCCLOUD BLVD  
City-St-Zip: DAYTONA BEACH, FL 32115

Title: CD ( ) Delete  
Name: PERRY, OCTAVIOUS  
Address: 1960 DORIAN LN  
City-St-Zip: DELTONA, FL 32738

Title: STD ( ) Delete  
Name: HICKS, GRADY  
Address: 1086 MARAGRET DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: DT ( ) Delete  
Name: PERRY, BERNAVETTE  
Address: 6145 SW 8TH LANE  
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete  
Name: AARON, CAROLYN W  
Address: RT 7 BOX 647  
City-St-Zip: LAKE CITY, FL

Title: D ( ) Delete  
Name: ROACH, SHERENE  
Address: 836 2ND AVE  
City-St-Zip: DAYTONA BEACH, FL 32115

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OCTAVIOUS K PERRY

CD

04/22/2005

Electronic Signature of Signing Officer or Director

Date