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

Mar 21, 2006 8:00 am Secretary of State DOCUMENT # N9400000541 1. Entity Name 03-21-2006 90036 041 ****61.25 OUTREACH DELIVERANCE CENTER, INC. Principal Place of Business Mailing Address OUTREACH DELIVERANCE CENTER 2591 CRAWFORD DR. SANFORD FL 32771 **OUTREACH DELIVERANCE CENTER** 2231 SIPES AVE SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3061629 Not Applicable Zip Country 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 Name BARRINER, JOSEPHINE Street Address (P.O. Box Number is Not Acceptable) 2591 CRAWFIRD DR. SANFORD FL 32771 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 (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 Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Defete ☐ Change ☐ Addition BARRINER, JOSEPHINE NAME NAME STREET ADDRESS 2591 CRAWFORD DR. STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE ☐ Change ☐ Addition NAME MARY D. BUCKNER 2591 CRAWFORD DR. STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PEARSON, LINDA NAME NAME STREET ADDRESS 2591 CRAWFORD DR. STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete RILE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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. -8-06 407-321-0606 SIGNATURE: Choper

12. Thereby 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

TO Whom it MAY CONCERN,

MARY D BUCKNER,
1S NO LONGER, With OUTREACHDELIVERANCE CENTER, I THE
PASTOR, Call A MEET; Ng-With
The MEMBERS and, WE VOTED,
HER OUT. AND VOTED,
ANGELA BARRINER IN HER Place.

Dung Bign by Thre Pastor Gosephine Barriner