## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000001886

FILED Apr 25, 2006 Secretary of State

Entity Name: THE HOUSE OF GOD NEW COVENANT DELIVERANCE MINISTRIES, INC.

Current	rincipal Place	of Business:	New Principal Plac	e of Business:
	HINGTON AVE SS, FL 34450	US		
Current M	lailing Address	<b>5:</b>	New Mailing Addre	ss:
	HINGTON AVE SS, FL 34450	US		
FEI Number	: 59-3302841	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
1404 WHÍ	ANNETTE TTIER STREET SS, FL 34450	US		
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
SIGNATU				
	Electroni	c Signature of Registered Age	ent	Date
	2,000,011	g		Date
OFFICER	S AND DIRECT			SES TO OFFICERS AND DIRECTORS:
Title: Name: Address:	S AND DIRECT	ORS: Delete J ST		
Title: Name: Address: City-St-Zip: Title: Name: Address:	P () BURTON, RUBY 920 RAILROAD INVERNESS, FL	CORS: Delete J ST 34453 Delete AEL H SR. ST	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTORS:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	P () BURTON, RUBY 920 RAILROAD INVERNESS, FL  VCMD () BURTON, MICHI 920 RAILROAD INVERNESS, FL	CORS:  Delete J ST 34453  Delete AEL H SR. ST 34453  Delete ERD DAKS DR	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	P () BURTON, RUBY 920 RAILROAD INVERNESS, FL  VCMD () BURTON, MICH/ 920 RAILROAD INVERNESS, FL  S () VIVIAN, SHEPHE 1212 STATELY ( INVERNESS, FL  T () JACKSON, JOHI 1404 WHITTIER	CORS: Delete J ST 34453 Delete AEL H SR. ST 34453 Delete ERD DAKS DR 34453 Delete ERD DAKS DR 34453 Delete NIIE ST	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RUBY BURTON PRES 04/25/2006