

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 18, 2007  
Secretary of State**

DOCUMENT# N94000001886

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

**Current Principal Place of Business:**

401 WASHINGTON AVE  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 WASHINGTON AVE  
INVERNESS, FL 34450 US

**New Mailing Address:**

FEI Number: 59-3302841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PALMER, ANNETTE  
1404 WHITTIER STREET  
INVERNESS, FL 34450 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: P ( ) Delete  
Name: BURTON, RUBY J  
Address: 920 RAILROAD ST  
City-St-Zip: INVERNESS, FL 34453

Title: VCMD ( ) Delete  
Name: BURTON, MICHAEL H SR.  
Address: 920 RAILROAD ST  
City-St-Zip: INVERNESS, FL 34453

Title: S ( ) Delete  
Name: VIVIAN, SHEPHERD  
Address: 1212 STATELY OAKS DR  
City-St-Zip: INVERNESS, FL 34453

Title: T ( ) Delete  
Name: JACKSON, JOHNNIE  
Address: 1404 WHITTIER ST  
City-St-Zip: INVERNESS, FL 34450

Title: T ( ) Delete  
Name: PALMER, ANNETTE  
Address: 1404 WHITTIER ST  
City-St-Zip: INVERNESS, FL 34450

**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:

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

01/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date