


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**DOCUMENT # N94000001939**  
 1. Entity Name  
**LIFE DELIVERANCE MINISTRIES CORPORATION**



Principal Place of Business <b>P O BOX 7616 TALLAHASSEE, FL 32310 US</b>	Mailing Address <b>13480 MIDDLEFIELD ROAD TALLAHASSEE, FL 32309 US</b>
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DO NOT WRITE IN THIS SPACE

FILED  
 04 APR 28 AM 11:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3236193</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WATKINS, LORENZO III  
 13480 MIDDLEFIELD RD  
 TALLAHASSEE, FL 32308**

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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

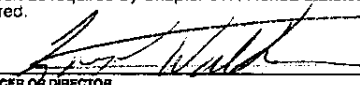
**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WATKINS, LORENZO 13480 MIDDLEFIELD ROAD TALLAHASSEE, FL 32309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRICE, DWAYNE 1003 EPPINS FOREST TALLAHASSEE, FL 32311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALEXANDER, DAVID 735 E. MAYS ST. MONTICELLO, FL 32344</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HALL, DARRYL 10560 VALENTINE ROAD SOUTH TALLAHASSEE, FL 32311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GARDNER, ANTIONETTE 2415 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEALAND, HAZEL 4661 OLD MAGNOLIA RD TALLAHASSEE, FL 32308</b>

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 05/06/04--01068--009 \*\*61.25

**12.** I hereby certify that the information supplied with this filing does not qualify 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 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.

**SIGNATURE:** Lorenzo Watkins, III  4/26/04 (850) 656-9082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #