

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90081 044 \*\*\*\*61.25

**DOCUMENT # N94000001939**

1. Entity Name  
**LIFE DELIVERANCE MINISTRIES CORPORATION**



Principal Place of Business  
**P O BOX 7616  
TALLAHASSEE, FL 32310 US**

Mailing Address  
**13480 MIDDLEFIELD ROAD  
TALLAHASSEE, FL 32309 US**

**50061607**



2. Principal Place of Business  
**3377 Jim Lee Road**

3. Mailing Address  
Suite, Apt. #, etc.

07052005 Chg-NP CR2E037 (10/03)

City & State  
**Tallahassee FL**

City & State

Zip  
**323** Country  
**USA**

4. FEI Number  
**59-3236193**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

**Filing Fee is \$61.25  
Due by September 7, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	WATKINS, LORENZO	
STREET ADDRESS	13480 MIDDLEFIELD ROAD	
CITY - ST - ZIP	TALLAHASSEE, FL 32309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRICE, DWAYNE	
STREET ADDRESS	1007 EPPINS FOREST	
CITY - ST - ZIP	TALLAHASSEE, FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, DAVID	
STREET ADDRESS	735 E. MAYS ST.	
CITY - ST - ZIP	MONTECELLO, FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, DARRYL	
STREET ADDRESS	10560 VALENTINE ROAD SOUTH	
CITY - ST - ZIP	TALLAHASSEE, FL 32311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, ANTIONETTE	
STREET ADDRESS	2415 OLD ST AUGUSTINE RD	
CITY - ST - ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEALAND, HAZEL	
STREET ADDRESS	4661 OLD MAGNOLIA RD	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woody, Brenda	
STREET ADDRESS	626 East 9th Street	
CITY - ST - ZIP	Tallahassee FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oscar Hall, Jr.	
STREET ADDRESS	5276 Iowa Court	
CITY - ST - ZIP	Tallahassee FL 32308	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oscar Hall, Sr.	
STREET ADDRESS	5833 Marblewood Lane	
CITY - ST - ZIP	Tallahassee FL 32309	

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 another like empowered.

SIGNATURE: Lorenzo Watkins, III DATE: (850) 510-3443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #