



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

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000001939</b>	
1. Entity Name <b>LIFE DELIVERANCE MINISTRIES CORPORATION</b>	

Principal Place of Business <b>3377 JIM LEE ROAD 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**

	
02072007 No Chg-NP	CR2E037 (4/06)
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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IN THIS SPACE**

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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

00000648040  
03/06/07-20096-015 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATKINS, LORENZO 13480 MIDDLEFIELD ROAD TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODY, BRENDA 626 EAST 9TH STREET TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, DAVID 735 E. MAYS ST. MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, DARRYL 10560 VALENTINE ROAD SOUTH TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, OSCAR SR 5276 IOWA COURT TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, OSCAR JR 5833 MARBLEWOOD LANE TALLAHASSEE, FL 32309

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 powers.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_