

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

DOCUMENT # N94000005518

1. Entity Name

**LIFE LINE DELIVERANCE AND OUTREACH MINISTRY,
INC.**



Principal Place of Business

**6239 EDGWATER DRIVE
ORLANDO FL 32810**

Mailing Address

**P O BOX 160783
STE. 115
ALTAMONTE SPRINGS FL 32716-0783
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3301057

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLY, GLEN
1320 CROYLE DRIVE
ORLANDO FL 32811**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 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 **D** ☐ Delete
NAME **KELLY, DAPHEN**
STREET ADDRESS **642 PARKWOOD AVE.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☐ Delete
NAME **KELLY, GLEN**
STREET ADDRESS **1320 CROYLE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ Delete
NAME **DEHANEY, ROSETTA**
STREET ADDRESS **1320 CROYLE DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ Delete
NAME **WALKER, THEODORE**
STREET ADDRESS **1838 WHITNEY WAY**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☒ Delete
NAME **SLEW, JOYCE**
STREET ADDRESS **221 JAY DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☒ Delete
NAME **SOLOMON, INA**
STREET ADDRESS **221 JAY DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Glen Kelly **Glen Kelly**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 407-766-4490

Date

Daytime Phone #