


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90431 001 \*\*\*\*\*8.75  
05-03-2006 90431 002 \*\*\*\*\*61.25

<b>DOCUMENT # N94000005518</b>	
1. Entity Name	
LIFE LINE DELIVERANCE AND OUTREACH MINISTRY, INC.	

Principal Place of Business	Mailing Address
6239 EDGewater DRIVE ORLANDO FL 32810	P O BOX 160783 STE. 115 ALTAMONTE SPRINGS FL 32716-0783 US

2. Principal Place of Business	3. Mailing Address
642 Parkwood Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
N/A	

City & State	City & State
Altamonte Springs, FL	
Zip	Country
32714	Seminole



1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For	
59-3301057		Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, DAPHEN	NAME	
STREET ADDRESS	642 PARKWOOD AVE.	STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, GLEN	NAME	
STREET ADDRESS	1320 CROYLE DRIVE	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32811	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHANEY, ROSETTA	NAME	
STREET ADDRESS	1320 CROYLE DR.	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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

SIGNATURE: *Glen Kelly* *Glen Kelly* 4/22/06 407-766-4490