

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N94000005518

1. Entity Name

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



Principal Place of Business

Mailing Address

**642 PARKWOOD AVE
ALTAMONTE SPRINGS FL 32714**

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**D
KELLY, DAPHEN
642 PARKWOOD AVE.
ALTAMONTE SPRINGS FL 32714**

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

**U00000750281
05/18/07-80056-005 61.25**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

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

**U00000750281
05/18/07-80056-006 8.75**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**D
DEHANEY, ROSETTA
1320 CROYLE DR.
ORLANDO FL**

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

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CITY- ST- ZIP
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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 4/28/07 407-766-4495