

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001719

FILED
Apr 12, 2005
Secretary of State

Entity Name: WORD OF DELIVERANCE, INC.

Current Principal Place of Business:

838 LAUREL LEAF STREET
ORANGE CITY, FL 32763 US

New Principal Place of Business:

2524 OUTER CAPE STREET
108
ORANGE CITY, FL 32763 US

Current Mailing Address:

838 LAUREL LEAF STREET
ORANGE CITY, FL 32763 US

New Mailing Address:

2524 OUTER CAPE STREET
108
ORANGE CITY, FL 32763 US

FEI Number: 59-3320462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, HELEN
838 LAUREL LEAF STREET
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

BROWN, HELEN
2524 OUTER CAPE STREET
108
ORANGE CITY, FL 32763 US

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.

SIGNATURE:

04/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, HELEN
Address: 8110 NORTH 17 TH STREET
City-St-Zip: TAMPA, FL 33604 US

Title: D () Delete
Name: BROWN, ELAX
Address: 8110 N 17TH STREET
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: BROWN, KENNETH L
Address: 3035 MILLPOND DR. E. #3A
City-St-Zip: HOLLAND, MI 49424

Title: D (X) Delete
Name: HALL, DOROTHY
Address: 205 NORTH STOKES ST.
City-St-Zip: HAVRE DE GRACE, MD 21078 US

Title: D (X) Delete
Name: BROWN, KENNETH L
Address: 3166 RILEY RIDGE ROAD
City-St-Zip: HOLLAND, MI 49424 US

Title: D (X) Delete
Name: BROWN, HELEN
Address: 838 LAUREL LEAF STREET
City-St-Zip: ORANGE CITY, FL 32763 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROWN, HELEN
Address: 2524 OUTER CAPE ST., # 108
City-St-Zip: ORANGE CITY, FL 32763 US

Title: D (X) Change () Addition
Name: BROWN, KENNETH L
Address: 3166 RILEY RIDGE ROAD
City-St-Zip: HOLLAND, MI 49424 US

Title: D (X) Change () Addition
Name: HALL, DOROTHY M
Address: 205 NORTH STOKES STREET
City-St-Zip: HAVRE DE GRACE, MD 21078 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN BROWN

D

04/12/2005

Electronic Signature of Signing Officer or Director

Date