


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90356 029 \*\*\*\*61.25

<b>DOCUMENT # N95000001719</b> 1. Entity Name <b>WORD OF DELIVERANCE, INC.</b>			
Principal Place of Business <b>2524 OUTER CAPE STREET # 108 ORANGE CITY, FL 32763 US</b>		Mailing Address <b>2524 OUTER CAPE STREET # 108 ORANGE CITY, FL 32763 US</b>	
2. Principal Place of Business <b>838 LAUREL LEAF ST</b>		3. Mailing Address <b>838 LAUREL LEAF ST</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>ORANGE City, FL</b>		City & State <b>ORANGE City, FL</b>	
Zip <b>32763</b>		Zip <b>32763</b>	
Country <b>United States</b>		Country <b>United States</b>	
4. FEI Number <b>59-3320462</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROWN, HELEN 2524 OUTER CAPE STREET # 108 ORANGE CITY, FL 32763</b>		7. Name and Address of New Registered Agent Name <b>Brown, Helen</b> Street Address (P.O. Box Number is Not Acceptable) <b>838 LAUREL LEAF ST</b> City <b>ORANGE City</b> FL Zip Code <b>32763</b>	
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 _____			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, HELEN 2524 OUTER CAPE ST., # 108 ORANGE CITY, FL 32763</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, Helen 838 LAUREL LEAF ST. ORANGE City, FL 32763</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, KENNETH L 3166 RILEY RIDGE ROAD HOLLAND, MI 49424</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HALL, DOROTHY M 205 NORTH STOKES STREET HAVRE DE GRACE, MD 21078</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HALL, Dorothy 866 ONTARIO ST, UPPER HAVRE DE GRACE, MD 21078</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.			
<b>SIGNATURE: Helen Brown, Helen Brown Director</b>		<b>April 14, 2006 (386) 956-0453</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	