

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003652

FILED
Mar 07, 2005
Secretary of State

Entity Name: DELIVERANCE CHURCH OF THE LIVING GOD, INC.

Current Principal Place of Business:

1502 SW 3RD STREET
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

1502 SW 3RD STREET
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3337132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, SHIRLEY
2710 SW 14TH STREET
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUTLER, DONALD
Address: 1313 SW 3RD ST
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: HILL, JOE
Address: 1930 NW 27TH AVE
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: SELLERS, LENNARD
Address: 2108 SW 5TH PLACE
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: LANE, FLORA B
Address: 325 SW 12TH AVENUE
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KINSLER, CHANDRA M
Address: 1109 NW 7TH ST.
City-St-Zip: Ocala, FL 34475

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

Title: D (X) Change () Addition
Name: SELLERS, LENNARD C
Address: 2108 SW 5TH PLACE
City-St-Zip: Ocala, FL 34474

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: LENNARD SELLERS

D

03/07/2005

Electronic Signature of Signing Officer or Director

Date