2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N96000000680

1. Entity Name
DAYTONA DELIVERANCE CHURCH OF GOD INC.

Principal Place of Business	Mailing Address
384 MARTIN LUTHER KING BLVD DAYTONA BCH, FL 32114 US	1100 SCOTT AVE SANDFORD, FL 32771

03012006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3442389
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, QUINTIN T
1100 SCOTT AVE
SANDFORD, FL 32771

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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)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000477741
04/06/06-80063-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALLACE, QUINTIN T
STREET ADDRESS	1100 SCOTT AVE
CITY-ST-ZIP	SANFORD, FL
TITLE	TR
NAME	BROWN, LORENZO
STREET ADDRESS	1100 SCOTT AVE
CITY-ST-ZIP	SANFORD, FL
TITLE	TR
NAME	NEDD, I
STREET ADDRESS	1100 SCOTT AVE
CITY-ST-ZIP	SANFOR, FL
TITLE	TR
NAME	BURSON SR, HENRY
STREET ADDRESS	1100 SCOTT AVE
CITY-ST-ZIP	SANFORD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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.

SIGNATURE: X Quintin T Wallace Sr 3-15-06 386-253-2612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #