

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000000680

1. Entity Name
DAYTONA DELIVERANCE CHURCH OF GOD INC.



Principal Place of Business
**384 MARTIN LUTHER KING BLVD
DAYTONA BCH, FL 32114 US**

Mailing Address
**1100 SCOTT AVE
SANDFORD, FL 32771**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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03/23/07-80070-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Quintin T Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #