

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 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**  
**SANFORD, FL 32771**

**DO NOT WRITE IN THIS SPACE**



04042008 No Chg-NP CR2E037 (4/06)

**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**  
**SANFORD, 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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

**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**  
**SANFORD, FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TR**  
**BROWN, LORENZO**  
**1100 SCOTT AVE**  
**SANFORD, FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TR**  
**NEDDO, I**  
**1100 SCOTT AVE**  
**SANFORD, FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TR**  
**BURSON SR, HENRY**  
**1100 SCOTT AVE**  
**SANFORD, FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

000000920055  
05/14/08-80028-018 61.25

**DO NOT WRITE  
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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:**

*Quintin T. Wallace*  
**Quintin T. Wallace** 4/21/08 386-253-2612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #