2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

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Entity Name: LIGHTHOUSE OF DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

743 CENTRAL AVE. S.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 459
APOPKA, FL 32704

New Mailing Address:

FEI Number: 16-1673947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEATHERS, NATHANIEL JR
1433 FALCON WOOD CT.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

WEATHERS, NATHANIEL JR
743 SOUTH CENTRAL AVENUE
APOPKA, FL 32703 US

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: 03/14/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: CURRY, MICHAEL
Address: 15 PINE FOREST PLACE
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: WHITE, ROMAN
Address: 1341 FOX FOREST CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: LEE, JIMMY
Address: 2324 EMERALD ROSE WAY
City-St-Zip: APOPKA, FL 32712

Title: S ( ) Delete
Name: LEE, LATURIA
Address: 2324 EMERALD ROSE WAY
City-St-Zip: APOPKA, FL 32712

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DC (X) Change ( ) Addition
Name: WHITE, ROMAN
Address: 1341 FOX FOREST CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition
Name: WEATHERS, PATRICIA
Address: 1433 FALCONWOOD COURT
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition
Name: CROWE, GLORIA
Address: 5325 CURRY FORD DR. APT. 204B
City-St-Zip: ORLANDO, FL 32812

Title: SDM ( ) Change (X) Addition
Name: WHITE, NELLENA
Address: 1341 FOX FOREST CIRCLE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NELLENA WHITE SDM 03/14/2006
Electronic Signature of Signing Officer or Director — Date