

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90051 023 ****70.00

DOCUMENT # N96000002260

1. Entity Name

**SAINTS IN CHRIST DELIVERANCE TEMPLE, INC.
INTERNATIONAL**



Principal Place of Business

**569 NE BASCOM NORRIS DR.
LAKE CITY FL 32055**

Mailing Address

**805 NW. OAKLAWN TERR.
LAKE CITY FL 32055**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3389885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIXON, LEONARD
805 OAKLAWN TERR.
LAKE CITY FL 32055**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LEE, ROSEMARY
677 NW ALMA TERR.
LAKE CITY FL 32055** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DIXON, LEONARD
805 NW OAKLAWN TERR.
LAKE CITY FL 32055** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DIXON, ELAINE
569 NE BASCOM NORRIS DR.
LAKE CITY FL 32055** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIXON, JOHNNIE
569 NE BASCOM NORRIS DR.
LAKE CITY FL 32055** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DIXON, ELAINE
805 NW OAKLAWN TERR
LAKE CITY FL 32055** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIXON, JOHNNIE
325 NW WRIGHT LANE
LAKE CITY FL 32055** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04 (386) 755-1630