


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000002260</b>		
1. Entity Name <b>SAINTS IN CHRIST DELIVERANCE TEMPLE, INC. INTERNATIONAL</b>		
Principal Place of Business <b>569 NE BASCOM NORRIS DR. LAKE CITY FL 32055</b>		Mailing Address <b>805 NW OAKLAWN TERR. LAKE CITY FL 32055</b>
2. Principal Place of Business <b>3805 S. 1st St.</b>	3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 1</b>	Suite, Apt. #, etc.	
City & State <b>Lake city FL</b>	City & State	
Zip <b>32055</b>	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-3389885</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>DIXON, LEONARD 805 OAKLAWN TERR. LAKE CITY FL 32055</b>		
7. Name and Address of New Registered Agent		
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, 2005**

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	SD	<input type="checkbox"/> Delete
NAME	LEE, ROSEMARY	
STREET ADDRESS	677 NW ALMA TERR.	
CITY - ST - ZIP	LAKE CITY FL 32055	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DIXON, LEONARD	
STREET ADDRESS	805 NW OAKLAWN TERR.	
CITY - ST - ZIP	LAKE CITY FL 32055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIXON, ELAINE	
STREET ADDRESS	569 NE BASCOM NORRIS DR.	
CITY - ST - ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, JOHNNIE	
STREET ADDRESS	569 NE BASCOM NORRIS DR.	
CITY - ST - ZIP	LAKE CITY FL 32055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIXON, ELAINE	
STREET ADDRESS	805 NW OAKLAWN TERR.	
CITY - ST - ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, JOHNNIE	
STREET ADDRESS	325 NW WRIGHT LANE	
CITY - ST - ZIP	LAKE CITY FL 32055	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:** Elaine Dixon Elaine Dixon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-05  
Date

(386) 755-1630  
Daytime Phone #