

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90057 031 ****70.00

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1. Entity Name



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

Principal Place of Business

Mailing Address

2057 SW MAIN BLVD
SUITE 3
LAKE CITY FL 32055

805 NW OAKLAWN TERR.
LAKE CITY FL 32055

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

Leonard Dixon (pastor)

11-31-07

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

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 exemptions contained in Section 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:

Leonard Dixon

11/31/07

386-755-1630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #