

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

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000003735**



1. Entity Name

**INTERNATIONAL WORSHIP DELIVERANCE MINISTRY,  
INC.**

Principal Place of Business

Mailing Address

**1401 BELL AVENUE  
SANFORD FL 32771**

**1401 BELL AVENUE  
SANFORD FL 32771**

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

**59-3356020**

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

**THOMAS, WILLIE P  
1401 BELL AVE  
SANFORD FL 32771**

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 re-registering)

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
THOMAS, WILLIE P  
1401 BELL AVENUE  
SANFORD FL 32771**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VD  
WATSON, MILDRED W  
4277 GALLIMORE STREET  
ORLANDO FL 32811**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**S  
MATTHEWS, ALICESTINE  
1100 W 16 ST  
SANFORD FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**AS  
THOMPSON, YEALISHEA  
200 YALE AVE  
SANFORD FL 32771**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
GAINES, JOYCE  
11021 PECAN AVE.  
SANFORD FL 32771**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
POSLEY, HAZEL  
2600 GEORGIA AVE., #1000  
SANFORD FL 32773**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**U000000632539  
02/21/07-80026-015 61.25**

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

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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

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: Willie Pearl Thomas, President, Pastor**

**2-5-07 (407) 323-8647**