## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 22, 2005 8:00 am Secretary of State

DOCUMENT # N9600004396  1. Entity Name DELIVERANCE CHURCH OF GOD IN CHRIST, INC.				!	08-22-2005 90059 012 ****67.00			
1180 GEORGIA AVE P O		Mailing Address P 0 BOX 1075 CLEWISTON, FL 33440	O BOX 1075		50062589			
						1		
Principal Place of Business     3.		3. Mailing Address			UIII			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP C	R2E037 (10/03)		
City & State		City & State		4. FEI Number Applied For 30-0197085 Not Applicable				
Zip	Country	Zip	Country	5. Certificate of St	atus Desired [	\$8.75 Add	litional	
	6. Name and Address of Current		7. Name and Address of New Registered Agent					
IFILL, GERALD M			Name	Name				
928 MISSI	SSIPPI AVENUE ON, FL 33440		Street Address (		(P.O. Box Number is Not Acceptable)			
GEEWISTON, TE 33440								
			City			FL Zip Code	e	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	gistered office or regis	stered agent, or both, in	the State of Florida	. I am familiar with,	and accept	
SIGNATURE .								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature requ	ired when reinstating)		DATE		
	Signature, typed or printed name of registered agent	<del></del>	legistered Agent signature requ	<del></del>		DATE		
De	Filing Fee is \$61.25 ue by September 7, 2005	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		check payable to Department of St		
10.	Filing Fee is \$61.25 ue by September 7, 2005 OFFICERS AND DI	9. Election Camp Trust Fund Cor RECTORS	aign Financing ntribution.	\$5.00 May Be	Florida	check payable to Department of St	ate 10	
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12. I hereby certify that the information supplied with this filling 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

8/19/85

Daytime Phone #