

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90063 012 ****70.00

DOCUMENT # N96000004396

1. Entity Name

DELIVERANCE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business

1180 GEORGIA AVE
CLEWISTON FL 33440

Mailing Address

P O BOX 1075
CLEWISTON FL 33440

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

4. FEI Number

30-0197085

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (4/08)



6. Name and Address of Current Registered Agent

IFILL, GERALD M
928 MISSISSIPPI AVENUE
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name

GERALD M. IFILL

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

1105 KENTUCKY AVENUE

City

CLEWISTON

FL

Zip Code

33440

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 September 3, 2008

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 PD ☐ Delete
NAME IFILL, GERALD M
STREET ADDRESS 928 MISSISSIPPI AVENUE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE SD ☐ Delete
NAME ANDERSON, SYLVIA A
STREET ADDRESS 939 VIRGINIA AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE TD ☐ Delete
NAME ANDERSON, ABLON
STREET ADDRESS 939 VIRGINIA AVENUE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE SD ☐ Delete
NAME THOMPSON, ROGIE
STREET ADDRESS 1208 KENTUCKY AVENUE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Chapter 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: *Gerald Ifill* GERALD IFILL

8-4-08