2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005
Secretary of State

DOCUMENT# N96000006503

Entity Name: JESUS NEW COVENANT DELIVERANCE FELLOWSHIP, INC.

Current Principal Place of Business:

2909 E HILLSBOROUGH AVE
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11155
TAMPA, FL 336801155 US

New Mailing Address:

FEI Number: 59-3426015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CREWS, JAMES B
5808 HAMMON DR
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CREWS, JAMES B
Address: 5808 HAMMON DR
City-St-Zip: TAMPA, FL 33619

Title: DV ( ) Delete
Name: SAMPSON, CHESTER
Address: 2807 TALLIAFERD AVE
City-St-Zip: TAMPA, FL 33602

Title: DST ( ) Delete
Name: PEDROSO, LATESA
Address: 13147 N 20TH ST #111
City-St-Zip: TAMPA, FL 33612

Title: T ( ) Delete
Name: GILLIAM, PHYLLIS
Address: 4914 N 38TH ST
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CREWS O/DS 05/16/2005
Electronic Signature of Signing Officer or Director — Date