

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000653

FILED
Apr 27, 2006
Secretary of State

Entity Name: GREATER DELIVERANCE CHURCH INC.

Current Principal Place of Business:

2515 E. BUS HWY. 98
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

2515 E. BUSINESS HWY 98
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3240113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLARY, SHERLENE
1307 INVERNESS ROAD
LYNN HAVEN, FL 32444 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: PDP () Delete
Name: MCCLARY, SHERLENE
Address: 1307 INVERNESS ROAD
City-St-Zip: LYNN HAVEN, FL 32444

Title: FT () Delete
Name: JACKSON, CARL
Address: 1007 BAY AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: SD () Delete
Name: BAKER, LINDA
Address: 1711 W. 15TH ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: T () Delete
Name: JONES, NATHANIEL
Address: 903 GREENTREE ROAD
City-St-Zip: PANAMA CITY, FL 32401

Title: T () Delete
Name: MCCLARY, JAMES L
Address: 1307 INVERNESS ROAD
City-St-Zip: LYNN HAVEN, FL 32444

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:

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 Chapter 119, 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: SHERLENE MCCLARY

PDP

04/27/2006

Electronic Signature of Signing Officer or Director

Date