

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005499

FILED  
Jun 23, 2004  
Secretary of State

Entity Name: ROCK OF EDEN DELIVERANCE CENTER, INC.

## Current Principal Place of Business:

3609 ISLAND DRIVE  
MIRAMAR, FL 33023

## New Principal Place of Business:

8152 NW 15 TH MANOR  
PARK VILLAGE  
PLANTATION, FL 33322

## Current Mailing Address:

PO BOX 8119  
PORT ST LUCIE, FL 34985

## New Mailing Address:

8152 NW. 15 TH MANOR  
PARK VILLAGE  
PLANTATION, FL 33322

FEI Number: 65-0792616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMS, LEROY ANTHONY  
3609 ISLAND DRIVE  
MIRAMAR, FL 33023

## Name and Address of New Registered Agent:

WILLIAMS, LEROY ANTHONY  
8152 NW. 15 TH MANOR  
PARK VILLAGE  
PLANTATION, FL 33322

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: LEROY A. WILLIAMS

06/23/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILLIAMS, LEROY ANTHONY  
Address: 3609 ISLAND DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: WILLIAMS, ROSE MARIE  
Address: 3609 ISLAND DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: MILLS, DAVID  
Address: 268 S.E. CARTHAGE ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, LEROY ANTHONY  
Address: 8152 NW. 15 TH MANOR  
City-St-Zip: PLANTATION, FL 33322

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, NORMA  
Address: 8152 NW 15 TH MANOR  
City-St-Zip: PLANTATION, FL 33322

Title: D (X) Change ( ) Addition  
Name: MILLS, DAVID  
Address: 2698 S.E. CARTHAGE ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: LEROY WILILAMS

D

06/23/2004

Electronic Signature of Signing Officer or Director

Date