

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90346 001 \*\*\*\*\*61.25  
05-27-2005 90346 002 \*\*\*\*\*8.75

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04292005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N97000005499</b> 1. Entity Name ROCK OF EDEN DELIVERANCE CENTER, INC.					
Principal Place of Business 8152 NW 15 TH MANOR PARK VILLAGE PLANTATION, FL 33322			Mailing Address 8152 NW. 15 TH MANOR PARK VILLAGE PLANTATION, FL 33322		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0792616	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMS, LEROY ANTHONY 8152 NW. 15 TH MANOR PARK VILLAGE PLANTATION, FL 33322			Name <u>LEROY ANTHONY WILLIAMS</u> Street Address (P.O. Box Number is Not Acceptable) <u>8152 NW 15 TH MANOR</u> City <u>PLANTATION FL</u> Zip Code <u>33322</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, LEROY ANTHONY	NAME			
STREET ADDRESS	8152 NW. 15 TH MANOR	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, NORMA	NAME			
STREET ADDRESS	8152 NW 15 TH MANOR	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, DAVID	NAME			
STREET ADDRESS	2698 S.E. CARTHAGE ROAD	STREET ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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: <u>LEROY ANTHONY WILLIAMS</u>		Date <u>5-24-05</u> Daytime Phone # _____			