

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005499

FILED  
May 24, 2007  
Secretary of State

**Entity Name:** ROCK OF EDEN DELIVERANCE CENTER, INC.

**Current Principal Place of Business:**

8152 NW 15 TH MANOR  
PARK VILLAGE  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0792616      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

**Name and Address of New Registered Agent:**

WILLIAMS, LEROY  
8152 NW. 15 TH MANOR  
PLANTATION, FL 33322      US

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

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

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

**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:

I hereby certify that the information supplied with this filing does not qualify 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: LEROY WILLIAMS

D

05/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date