

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N97000006391

1. Entity Name  
ETERNAL LIFE DELIVERANCE MINISTRIES INC.



Principal Place of Business  
1407 ORANGE AVE.  
FT. PIERCE, FL 34950

Mailing Address  
P.O. BOX 1841  
FT. PIERCE, FL 34954

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**



02012004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0784538

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

YOUNG-BROWN, BEVERLY C.  
3006 CARVER STREET  
FT. PIERCE, FL 34947

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YOUNG, BEVERLY C
STREET ADDRESS	3006 CARVER ST.
CITY-ST-ZIP	FT. PIERCE, FL 34947
TITLE	T
NAME	BROWN, FREDDIE L
STREET ADDRESS	3006 CARVER ST.
CITY-ST-ZIP	FT. PIERCE, FL 34947
TITLE	T
NAME	TINDALL, SHIRLEY
STREET ADDRESS	1915 WYOMING AVE.
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000039824  
02/09/04-80023-002 70.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Pastor Beverly C. Young-Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/04*  
Date

*(772) 465-4108*  
Daytime Phone #