

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000936		
1. Entity Name YES LORD DELIVERANCE CHURCH OF GOD IN CHRIST, INC.		

Principal Place of Business 102 LARAMIE CIRCLE PANAMA CITY, FL	Mailing Address P.O. BOX 196 CHIPLEY, FL 32428
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent WOODS, DAVID JR 102 LARAMIE CIRCLE PANAMA CITY, FL	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, DAVID JR 102 LARAMIE CIRCLE PANAMA CITY, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100028321361 02/06/04--01024--011 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, TRACEY P.O. BOX 921 CHIPLEY, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHYNES, VANESSA P.O. BOX 52 CHIPLEY, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLOCK, AARON 714 PECAN STREET CHIPLEY, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, VERNITA 5027 E 13TH CT PANAMA CITY, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, WILLIE A 627 BENNETT DR CHIPLEY, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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>Tracey J. Andrews</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>1-30-04</u> Daytime Phone #: <u>850 638-8962</u>

FILED

04 JAN 30 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302004 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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