

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90227 013 ****61.25

DOCUMENT # N98000002310

1. Entity Name

SELVON SEEBRAN WORLDWIDE DELIVERANCE, INC.



Principal Place of Business

5101 EDGEWATER DR.
ORLANDO FL 32868

Mailing Address

P.O. BOX 680749
ORLANDO FL 32868

Same

new PO Box.

2. Principal Place of Business

5101 Edgewater Dr

3. Mailing Address

PO Box 608073

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

Zip

Country

Zip

Country

32810

32860

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-8014738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SEEBRAN, SHERRY L
5101 EDGEWATER DRIVE
ORLANDO FL 32810

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

Sherry L Seebrian

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS SEEBRAN, SELVON
CITY - ST - ZIP 5122 EDGEWATER DR
ORLANDO FL

TITLE ☐ Delete
NAME VP
STREET ADDRESS SEEBRAN, SHERRY L
CITY - ST - ZIP 5122 EDGEWATER DR
ORLANDO FL

TITLE ☐ Delete
NAME D
STREET ADDRESS CROSS, JERRY
CITY - ST - ZIP CLAYTON RD
CLEO AL

TITLE ☐ Delete
NAME D
STREET ADDRESS STONE, TRACY
CITY - ST - ZIP 6641 MADISON RD.
WILSON NC 27807

TITLE ☐ Delete
NAME D
STREET ADDRESS STONE, LISA
CITY - ST - ZIP 6641 MADISON RD.
WILSON NC 27807

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: