

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005606

1. Entity Name

JESUS THE LIVING WORD OF DELIVERANCE CHURCH,
INC.



Principal Place of Business

P. O. BOX 1443
JASPER FL 32052

Mailing Address

P. O. BOX 1443
JASPER FL 32052

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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAWKINS, KATHY
116 SW 6TH STREET
JASPER FL 32052

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

Kathy Hawkins

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

(NOTE: Registered Agent signature required when reinstating)

3-9-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	HAWKINS, KATHY	
STREET ADDRESS	RT 1, BOX 14	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAWKINS, MARK JR	
STREET ADDRESS	RT 1, BOX 14	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, MARY ANN	
STREET ADDRESS	RTE 2 BOX 355	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAWKINS, NANCY	
STREET ADDRESS	RT 1, BOX 14	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BENNETT, CORNELIUS	
STREET ADDRESS	116TH S.W. 6TH ST.	
CITY-ST-ZIP	JASPER FL 32052	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000262046	
STREET ADDRESS	03/14/05-80038-009 70.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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:

Kathy Hawkins Pastor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-05 1-386-792-1067