## ANNUAL REPORT

## **DOCUMENT # N9900001665**

1. Entity Name
COUNT IT ALL TOY CHURCH OF DELIVERANCE, INC.



## **FILED** Sep 09, 2004 8:00 am Secretary of State

		LEIVEROUGE, INC.				09-09-2004 9	90011 014	****61.2	25
1409 N BET	ce of Business TY LANE R, FL 33764	Mailing Address 1409 N BETTY LANE CLEARWATER, FL 3370	64						
							m im ini w		
2. Principal F	Pace of Business	3. Mailing Address	<del> </del>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		08312004	Chg-NP	CR2E03	7 (10/03)	
City & State		City & State	City & State		4. FEI Number 59-3563557			<del></del>	oplied For ot Applicable
Zip	Country	Zip	Country	5.	. Certificate o	f Status Desired		8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7.	. Name and A	Address of New			
DEMNIETT	CHDISTORUED SO		Name					-	<del></del>
1628 SCO	, CHRISTOPHER SR HT ST ATER, FL 33764		Street Address			is Not Acceptab	ile)		
JEE/IIII	1121712 30101								
			City				FL	Zip Cod	e
	e named entity submits this statement for	or the purpose of changing its	registered office of	r registered a	agent, or both	, in the State of F	Torida. I am fa	amiliar with,	and accept
the obliga	tions of registered agent.								
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signa	ture required when	rt reinetetinn)		DATE		
					······································		UNIE		
D	Filing Fee is \$61.25 ue by September 8, 2004	9. Election Car Trust Fund (	npaign Financing	\$5	5.00 May Be	, I	Make check orida Depart		
D.		Trust Fund (	npaign Financing	□ \$5 Ad	5.00 May Be ided to Fees	Flo	Make check orida Depart	ment of S	tate
10. TITLE	ue by September 8, 2004  OFFICERS AND DIF	Trust Fund (	npaign Financing Contribution.	□ \$5 Ad	5.00 May Be ided to Fees	FIC	Make check orida Depart ERS AND DIR	ment of S	tate
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10. TITLE NAME STREET ADDRESS	OFFICERS AND DIE T METCALD, PAMELA 122 N MAIN AVE	Trust Fund (	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS	S\$5	5.00 May Be ided to Fees DITIONS/CHAI	NGES TO OFFIC	Make check orida Depart ERS AND DIR	ECTORS IN Change	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	T METCALD, PAMELA 122 N MAIN AVE CLEARWATER, FL 33764 VD BENNETT, MARY	Trust Fund C	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S\$5	5.00 May Be ided to Fees DITIONS/CHAI	NGES TO OFFIC	Make check orida Depart ERS AND DIR	ECTORS IN Change	tate
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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 address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

CLEARWATER, FL 337640