

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003169

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** DELIVERANCE CENTER MINISTRY INC.

**Current Principal Place of Business:**

3974-76 N.W. 167 ST  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

19101 W OAKMONT DRIVE  
HIALEAH, FL 33015

**New Mailing Address:**

**FEI Number:** 65-0921424      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JOHNSON, CONNELL  
19101 W OAKMONT DRIVE  
HIALEAH, FL 33015      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: JOHNSON, CONNELL  
Address: 19101 W OAKMONT DRIVE  
City-St-Zip: HIALEAH, FL 33015

Title: DV      ( ) Delete  
Name: JOHNSON, PEGGY  
Address: 19101 W OAKMONT DRIVE  
City-St-Zip: HIALEAH, FL 33015

Title: DS      ( ) Delete  
Name: MCGREE, DONYALE  
Address: 12856 SW 50TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: DT      ( ) Delete  
Name: MCGHEE, ROMANDO  
Address: 12856 SW 50TH STREET  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY JOHNSON

DV

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date