

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90032 013 ****70.00

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1. Entity Name

DEDICATED DELIVERANCE TEACHING MINISTRY, INC.



Principal Place of Business

400 40TH ST
WEST PALM BEACH FL 33407

Mailing Address

PO BOX 8027
WEST PALM BEACH FL 33407-0027

2. Principal Place of Business

1533 W. Blue Heron Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

City & State

Zip

33404

Country

Palm Beach

Country

4. FEI Number

65-0982596

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, ANTHONY M
5157 NORMA ELAINE ROAD
WEST PALM BEACH FL 33417

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

FILE NOW: 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

10. OFFICERS AND DIRECTORS

TITLE D
NAME CAMPBELL, CLAUDIA
STREET ADDRESS 610 39TH ST.
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE T
NAME TAYLOR, SHEILA
STREET ADDRESS 4941 HAVERHILL COMMONS CR. #21
CITY-ST-ZIP WEST PALM BEACH FL 33-4147 ☐ Delete

TITLE T
NAME JONES, FARON
STREET ADDRESS 3308 AVE. S.
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Delete

TITLE T
NAME SMITH, SHERVINGTON
STREET ADDRESS 632 54TH ST.
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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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:

Claudia Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-04

Date

(561) 840-1628

Daytime Phone #