

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90071 019 \*\*\*\*70.00

**DOCUMENT # N99000006778**

1. Entity Name  
**DEDICATED DELIVERANCE TEACHING MINISTRY, INC.**



Principal Place of Business  
1533 W. BLUE HERON BLVD.  
WEST PALM BEACH, FL 33404

Mailing Address  
PO BOX 8027  
WEST PALM BEACH, FL 33407-0027

20017434



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252005 Chg-NP CR2E037 (10/03)

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

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

TITLE T ☒ Delete  
NAME TAYLOR, SHEILA  
STREET ADDRESS 4941 HAVERHILL COMMONS CR. #21  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Change ☒ Addition  
NAME Betha, Morey  
STREET ADDRESS 200 2nd way  
CITY-ST-ZIP West Palm Beach, FL 33407

TITLE T/S ☒ Change ☐ Addition  
NAME Betha, Sheila  
STREET ADDRESS 5758 Golden Eagle Circle  
CITY-ST-ZIP Palm Beach Gardens, FL 33418

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

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

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

TITLE ☐ Change ☐ 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)(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 - Claudia Campbell 2-25-05 (561) 840-1628  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #