## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007151

FILED Jun 16, 2006 Secretary of State

Entity Name: DELIVERANCE GOSPEL TEMPLE WORSHIP CENTER, INC.

	rincipal Place of Business:	New Principal Place of Business:
PO BOX 2 SAINESVI	786 LLE, FL 22602	PO BOX 2786 GAINESVILLE, FL 32602
Current M	lailing Address:	New Mailing Address:
PO BOX 2 SAINESVI	786 LLE, FL 22602	PO BOX 2786 GAINESVILLE, FL 32602
n accordan	: 59-3616996 FEI Number Applied For ( ce with s. 607.193(2)(b), F.S., the corporation of I Address of Current Registered Agen	did not receive the prior notice.
2016 SŴ 7 BAINESVI	LLE, FL 32607 US	
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATUR	RE:	
	Electronic Signature of Registered	d Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
itle: lame: .ddress: :ity-St-Zip:	P ( ) Delete DAMES, KATHLEEN 2016 S.W. 73RD ST. GAINESVILLE, FL 32607	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
itle: lame: .ddress: city-St-Zip:	VP ( ) Delete DANIELS, BETTY J 1101 SE 15TH ST APT 48 GAINESVILLE, FL 32601	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
ame: ddress: ity-St-Zip: itle: ame: ddress:	DANIELS, BETTY J 1101 SE 15TH ST APT 48	Name: Address:
lame: .ddress:	DANIELS, BETTY J 1101 SE 15TH ST APT 48 GAINESVILLE, FL 32601  S () Delete THOMAS, BARBARA 1101 SE 15TH ST	Name: Address: City-St-Zip:  Title: S (X) Change ( ) Addition Name: HUTCHINSON, VANESSA Address: 1101 SE 15TH ST
dame: ddress: itly-St-Zip: itle: ddress: ity-St-Zip: itite: itte: ddress: ddress:	DANIELS, BETTY J 1101 SE 15TH ST APT 48 GAINESVILLE, FL 32601  S () Delete THOMAS, BARBARA 1101 SE 15TH ST GAINESVILLE, FL 32601  D () Delete EAGLE, CAROLYN 15 NE 14TH ST	Name: Address: City-St-Zip:  Title: S (X) Change () Addition Name: HUTCHINSON, VANESSA Address: 1101 SE 15TH ST City-St-Zip: GAINESVILLE, FL 32601  Title: D (X) Change () Addition Name: EAGLE, CAROLYN Address: 2830 NE 16TH DRIVE

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN EAGLE D 06/16/2006