

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007151

FILED  
May 22, 2007  
Secretary of State

**Entity Name:** DELIVERANCE GOSPEL TEMPLE WORSHIP CENTER, INC.

**Current Principal Place of Business:**

PO BOX 2786  
GAINESVILLE, FL 32602

**New Principal Place of Business:**

238 SW 3RD AVE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

PO BOX 2786  
GAINESVILLE, FL 32602

**New Mailing Address:**

**FEI Number:** 59-3616996      **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:**

DAMES, KATHLEEN  
2016 SW 73RD ST.  
GAINESVILLE, FL 32607      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: P      ( ) Delete  
Name: DAMES, KATHLEEN  
Address: 2016 S.W. 73RD ST.  
City-St-Zip: GAINESVILLE, FL 32607

Title: VP      ( ) Delete  
Name: DANIELS, BETTY J  
Address: 1101 SE 15TH ST APT 48  
City-St-Zip: GAINESVILLE, FL 32601

Title: S      ( ) Delete  
Name: HUTCHINSON, VANESSA  
Address: 1101 SE 15TH ST  
City-St-Zip: GAINESVILLE, FL 32601

Title: D      ( ) Delete  
Name: EAGLE, CAROLYN  
Address: 2830 NE 16TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32609

Title: D      ( ) Delete  
Name: GREENWOOD, TANAKA  
Address: 3324 NW 51ST TERR.  
City-St-Zip: GAINESVILLE, FL 32606

Title: D      ( ) Delete  
Name: NEAL, FLORIDA  
Address: 17779 HWY 329  
City-St-Zip: REDDICK, FL 32686

**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:

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: KATHLEEN DAMES

P

05/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date