

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007634

FILED
May 11, 2007
Secretary of State

Entity Name: DELIVERANCE TIME MINISTRY, INC.

Current Principal Place of Business:

3149 N. PONCE DE LEON BLVD.
#6
ST.AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

3149 N. PONCE DE LEON BLVD.
#6
ST.AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

MONTGOMERY, WILLIAM A
44 CROOKSHANK DRIVE
ST AUGUSTINE, FL 32084 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: MONTGOMERY, WILLIAM A
Address: 2105 W LYMINGTON WAY
City-St-Zip: ST AUGUSTINE, FL 32084

Title: V () Delete
Name: MONTGOMERY, YVETTE R
Address: 2105 W LYMINGTON WAY
City-St-Zip: ST AUGUSTINE, FL 32084

Title: S () Delete
Name: FORBES, AOLFE K
Address: 708 WEST 5TH STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: T () Delete
Name: MCCLINTON, JANICE R
Address: 40 E. 19TH ST.
City-St-Zip: JACKSONVILLE, FL 32206

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: WILLIAM A. MONTGOMERY

P

05/11/2007

Electronic Signature of Signing Officer or Director

Date