

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007634

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** DELIVERANCE TIME MINISTRY, INC.

**Current Principal Place of Business:**

203-10B W 48TH ST  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

3055 LENOX AV  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

203-10B W 48TH ST  
JACKSONVILLE, FL 32208

**New Mailing Address:**

3055 LENOX AV  
JACKSONVILLE, FL 32204

**FEI Number:** 59-3758205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONTGOMERY, WILLIAM A  
2105 W. LYMINGTON WAY  
ST AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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

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

Title: T  
Name: ALLEN, CECELIA M  
Address: 7740 SOUTHSIDE BLVD APT 2205  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S  
Name: MCCRAY, TIFFANY  
Address: 33 B REGENT LANE  
City-St-Zip: PALM COAST, FL 32164

I hereby 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 all other like empowered.

**SIGNATURE:** APOSTLE WILLIAM A MONTGOMERY

P

04/26/2012

Electronic Signature of Signing Officer or Director

Date