

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738634

Entity Name: GRACE AND TRUTH DELIVERANCE MINISTRIES INC.**Current Principal Place of Business:**700 N. 11TH ST.
PALATKA, FL 32177**Current Mailing Address:**309 NORTH 9TH STREET
PALATKA, FL 32177 US**FEI Number:** 59-2355802**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FELLS, CORA B.
309 N. 9TH STREET
PALATKA, FL 32177 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**Officer/Director Detail :**

Title	PD
Name	FELLS, CORA B.
Address	309 N. 9TH STREET
City-State-Zip:	PALATKA FL

Title	VD
Name	MCCOY, CATHY
Address	660 OLD SAN MATEO RD
City-State-Zip:	SAN MATEO FL 32187

Title	SD
Name	GILMORE, CATRECIA L
Address	291 OLD MATEO ROAD
City-State-Zip:	EAST PALATKA FL 32131

Title	TD
Name	SESSION, LORRINE H
Address	1703 NAPOLEON ST. APT B-198
City-State-Zip:	PALATKA FL

Title	D
Name	MILLER, GLADYS L
Address	500 N. 16TH STREET #B-113
City-State-Zip:	PALATKA FL 32177

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: CATHY MCCOY**DIRECTOR VP****04/02/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date