Entity Name: DELIVERANCE UNDER MANIFESTED POWER MINISTR	RIES INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## Current Principal Place of Business:

10650 SE 19TH COURT OCALA, FL 34480

#### **Current Mailing Address:**

DOCUMENT# N17000001594

10650 SE 19TH COURT OCALA, FL 34480 US

### FEI Number: 81-5388003

### Name and Address of Current Registered Agent:

ROBINSON, EMMANUEL 10650 SE 19TH COURT OCALA, FL 34480 US Certificate of Status Desired: Yes

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

#### **Officer/Director Detail :**

Title	D	Title	D
Name	ROBINSON, EMMANUEL	Name	ROBINSON, SIMEON
Address	10650 SE 19TH COURT	Address	10650 SE 19TH COURT
City-State-Zip:	OCALA FL 34480	City-State-Zip:	OCALA FL 34480
Title	D	Title	D
Title Name	D ROBINSON, JORDAN	Title Name	D THOMAS, GLENN
	-		-

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: GLENN THOMAS

DIRECTOR

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 30, 2018 Secretary of State CC4944286598

Date