

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001506		
1. Entity Name THE SANCTUARY OF THE LORD DELIVERANCE MINISTRY, INC.		

FILED

07 FEB -9 AM 11:32

SECRETARY OF STATE
8000 BAYWIND CT
TALLAHASSEE, FL 32303
02/09/07--01012--023 **125.00



02092007 Chg-NP CR2E037 (12/06)

Principal Place of Business 1938 BAYWIND CT TALLAHASSEE, FL 32303 <i>3938 Caldwell Dr</i>		Mailing Address 1938 BAYWIND CT TALLAHASSEE, FL 32303 <i>3938 Caldwell Dr</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <i>Tallahassee F</i>		Suite, Apt. #, etc.	
City & State		City & State <i>Tallahassee FL</i>	
Zip <i>32310</i>	Country	Zip <i>32310</i>	Country

4. FEI Number 65-0991550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HANNOR, ANNIE 1938 BAY WIND CT TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name <i>Annie Hannor</i> Street Address (P.O. Box Number is Not Acceptable) <i>3938 Caldwell Dr</i> City <i>Tallahassee</i> FL Zip Code <i>32310</i>	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANNOR, ANNIE 1938 BAYWIND CT TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAYNE, BRUCE 7654 NW 17TH PLACE MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HALL, ALBERTA 3151 NW 16TH ST. FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LEVON 7470 NW 35TH ST FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, TAMETRIA 7470 NW 35TH ST FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Tametrica Brown</i> <i>4450 NW 23rd St</i> <i>Lauderhill FL 33313</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, CALVIN 7470 NW 35TH ST FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Annie Hannor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____