

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90200 033 ****61.25

DOCUMENT # N00000001506

1. Entity Name
**THE SANCTUARY OF THE LORD DELIVERANCE
MINISTRY, INC.**



Principal Place of Business
**3938 CALDWELL DR
TALLAHASSEE, FL 32310**

Mailing Address
**3938 CALDWELL DR
TALLAHASSEE, FL 32310**

60036542



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

65-0991550

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANNOR, ANNIE
3938 CALDWELL DR
TALLAHASSEE, FL 32310**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HANNOR, ANNIE**
STREET ADDRESS **1938 BAYWIND CT**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **VP** ☒ Delete
NAME **PAYNE, BRUCE**
STREET ADDRESS **7654 NW 17TH PLACE**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE **ED** ☐ Delete
NAME **HALL, ALBERTA**
STREET ADDRESS **3151 NW 16TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

TITLE **D** ☐ Delete
NAME **WILLIAMS, LEVON**
STREET ADDRESS **7470 NW 35TH ST**
CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE **T** ☐ Delete
NAME **BROWN, TAMETRIA**
STREET ADDRESS **4450 NW 23RD ST**
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE **D** ☐ Delete
NAME **HAMILTON, CALVIN**
STREET ADDRESS **7470 NW 35TH ST**
CITY-ST-ZIP **FT. LAUDERDALE, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☒ Addition
NAME **Keith Johnson**
STREET ADDRESS **1477 Capital Circle NW**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition
NAME **Tametrica Brown**
STREET ADDRESS **1080 E Country Club Circle**
CITY-ST-ZIP **Plantation, FL 33317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

Daytime Phone #

850-590-8395