## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0000001506  1. Entity Name THE SANCTUARY OF THE LORD DELIVERANCE MINISTRY, INC.					1	05-01-200	08 90200 03	3 ****6	61.25
Principal Place of Business 3938 CALDWELL DR TALLAHASSEE, FL 32310  Mailing Address 3938 CALDWELL DR TALLAHASSEE, FL 32310				<u> </u>		600	36542		
2 Principal P	lane of Business - No P.O. Box #	3. Mailing Address		<del></del>					
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Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02282008 Ct	ng-NP	CR2E037	(12/06)	
City & State	θ .	City & State			4. FEI Number 65-099155	0			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		3.75 Add	
	6. Name and Address of Current	Registered Agent	1		7. Name and Add	ress of New			
			Nai	Name					
HANNOR; ANNÎË 3938 CALDWELE DR TALLAHASSEE, FL 32310			Stre	eet Address (	P.O. Box Number is I	lumber is Not Acceptable)			
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y *			City	у			FL	Zip Code	e
	named entity submits this statement for	or the purpose of changing its	registered offi	ice or register	red agent, or both, in	the State of F	Florida. I am fan	niliar with,	and accept
* -									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered Agent	I signature required	i when reinstating)		DATE		<del></del>
,	10 to	<u> </u>					1.	avable to	•
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Car			\$5.00 May Be Added to Fees		DATE Make check p orida Departm		
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12. I hereby certify that the information supplied with this filling 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 tike empowered.

SIGNATURE:

MULT LAMAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08 Date

850-590-8395