2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2009
Secretary of State

DOCUMENT# N07000009059

Entity Name: ANOTHER CHANCE DELIVERANCE MINISTERIES, INC.

Current Principal Place of Business:

3261 N.CHAMELEON PT.
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

3261 N.CHAMELEON PT.
CRYSTAL RIVER, FL 34428

New Mailing Address:

FEI Number: 23-1184051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PARKER, MYRTICE
3261 N.CHAMELEON PT.
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PARKER, MYRTICE
Address: 3261 N.CHAMELEON PT.
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VP ( ) Delete
Name: PARKER, BOBBY
Address: 3261 N. CHAMELEON PT.
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: SEC ( ) Delete
Name: BOSTIC, CHARLENE
Address: 875 N.E. 1ST TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: TRES ( ) Delete
Name: SUMMERLIN, ADRIANNA
Address: 1117 N.E.1ST TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MYRTICE C PARKER P 06/10/2009

Electronic Signature of Signing Officer or Director — Date