


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
08 DEC 24 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N33724**

1. Entity Name  
**DELIVERANCE CENTER - OUTREACH MINISTRY FOR CHRIST, INC.**



Principal Place of Business  
**3093 NW 7TH ST  
FORT LAUDERDALE, FL 33311 US**

Mailing Address  
**3093 NW 7TH ST  
FORT LAUDERDALE, FL 33311 US**

2. Principal Place of Business - No P.O. Box #  
**3090 NW 7 ST**

3. Mailing Address  
**3090 NW 7 ST**


Suite, Apt. #, etc.

City & State  
**FT Lauderdale FL**

City & State

Zip  
**33311**

Country



07252008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0141478**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCLANE, ROSA B.  
2731 N.W. 26TH AVENUE  
FORT LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent

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 Rosa B. McLane  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12/22/08

Filing Fee is **\$61.25**  
Due by **September 12, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD MCLANE, ROSA B. 2731 N.W. 26TH AVENUE FT. LAUDERDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCLANE, ANTHONY D. 2731 N.W. 26TH AVENUE FT. LAUDERDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROMER, IDELLA 3140 SW 10TH COURT POMPANO BEACH, FL 33068 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIC DAVIE, LEVON 2081 NW 43 TERRACE FORT LAUDERDALE, FL 33313 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S- SECRETARY ANTHONY D MCLANE 2731 NW 26 Ave FT Lauderdale FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000139268110 12/24/08--01028--004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Rosa B. McLane Rosa B. McLane  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/22/08 Daytime Phone #

**REINSTATEMENT**

*[Handwritten Signature]*