

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001193

FILED
May 01, 2007
Secretary of State

Entity Name: TRUE DELIVERANCE FELLOWSHIP, INC.

Current Principal Place of Business:

7690 15TH ST E
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

PO BOX 10645
BRADENTON, FL 34282

New Mailing Address:

FEI Number: 65-0500199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

TRICE, RAYMOND D
6513 12TH ST W
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

TRICE, RAYMOND D
6002 35TH LANE E.
ELLENTON, FL 34222 US

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: _____

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TRICE, RAYMOND D
Address: 6513 12TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: DV () Delete
Name: DAILEY, PATRICIA
Address: 1371 14TH STREET
City-St-Zip: SARASOTA, FL 34234

Title: DST () Delete
Name: TRICE, TINA T
Address: 6513 12TH ST W
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TRICE, RAYMOND D
Address: 6002 35TH LANE E.
City-St-Zip: BRADENTON, FL 34222

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

Title: DST (X) Change () Addition
Name: TRICE, TINA T
Address: 6002 35TH LANE E.
City-St-Zip: ELLLENTON, FL 34222

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: RAYMOND D. TRICE

DP

05/01/2007

Electronic Signature of Signing Officer or Director

Date