


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

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000001193**  
 1. Entity Name  
 TRUE DELIVERANCE FELLOWSHIP, INC.



Principal Place of Business  
 7690 15TH ST E  
 SARASOTA, FL 34243

Mailing Address  
 PO BOX 10645  
 BRADENTON, FL 34282

**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0500199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRICE, RAYMOND D 6002 35TH LANE E. BRADENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAILEY, PATRICIA 1371 14TH STREET SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TRICE, TINA T 6002 35TH LANE E. ELLENTON, FL 34222
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 04/08/08-80034-012 61.25

**DO NOT WRITE IN THIS SPACE**

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: *Raymond D. Trice* *Raymond D. Trice* 3/19/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #