

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008062

FILED
Apr 22, 2009
Secretary of State

Entity Name: INTERNATIONAL DELIVERANCE RESTORATION CENTER, INC.

Current Principal Place of Business:

2114 SW 60 TERRACE
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

2114 SW 60 TERRACE
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 20-3343566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALL SR., ERROL D. REV. DR
3622 SW 167TH TERRACE
MIRAMAR, FL 33027 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: HALL SR., ERROL D. DR.
Address: 3622 SW 167TH TERRACE
City-St-Zip: MIRAMAR, FL 33027 US

Title: S () Delete
Name: RODRIQUEZ, VALERIE
Address: 1888 NW 132 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: T () Delete
Name: WILSON, ANGELA
Address: 3354 NW 197 TERRACE
City-St-Zip: OPA-LOCKA, FL 33056 US

Title: D () Delete
Name: DUFOR, CHARLES
Address: 7809 W. MADEIRAN ST.
City-St-Zip: MIRAMAR, FL 33023 US

Title: D () Delete
Name: HAYDEN, TITUS
Address: 8424 SW 29 STREET
City-St-Zip: MIRAMAR, FL 33025 US

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:

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: ERROL D. HALL

DR.

04/22/2009

Electronic Signature of Signing Officer or Director

Date