	l entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of Fi
SIGNATURE			
	Electronic Signature of Registered Agent		
Officer/Dire	ctor Detail :		
Title	PD	Title	D
Name	BLUE, DIANE	Name	JONES, WILLIE
Address	349 PINEVIEW DRIVE	Address	P.O. BOX 663
City-State-Zip:	WAYCROSS GA 31501	City-State-Zip:	WAYCROSS GA 31501
Title	S	Title	DIRECTOR
Name	WILLIAMS, EILEEN	Name	KIRKLAND, JERRY
Address	2307 SPURGEON STREET	Address	1506 DOROTHY STREET
City-State-Zip:	WAYCROSS GA 31501	City-State-Zip:	WAYCROSS GA 31501
Title	DIRECTOR	Title	DIRECTOR
Name	SAUNDERS, BARBARA JEAN	Name	THOMAS, LISA MAE
Address	349 PINEVIEW DRIVE	Address	1506 DOROTHY STREET
City-State-Zip:	WAYCROSS GA 31501	City-State-Zip:	WAYCROSS GA 31501

Current Mailing Address:

Current Principal Place of Business:

DOCUMENT# 750292

815 ELIZABETH STREET WAYCROSS, GA 31501

REPORT

Title

Name

Address

DIRECTOR

City-State-Zip: WAYCROSS GA 31501

PERPALL, QUENTALLE

349 PINEVIEW DRIVE

P O BOX 663 WAYCROSS, GA 31501 US

FEI Number: 59-1997356

Name and Address of Current Registered Agent:

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Entity Name: MORNING GLORY APOSTOLIC DELIVERANCE MINISTRIES INC.

I hereby certify that the information indicated on this report or supplemental report is true and ac oath; that I am an officer or director of the corporation or the receiver or trustee empowered to e above, or on an attachment with all other like empowered.		
SIGNATURE: EILEEN WILLIAMS	SECRETARY	07/06/2016

Title

Name

Address

City-State-Zip:

VP

BETHEA, LACRISHA

2260 NW 2 STREET

FORT LAUDERDALE FL 33311

Electronic Signature of Signing Officer/Director Detail

FILED Jul 06, 2016 Secretary of State CC4398806358

Certificate of Status Desired: No

Date

Date