

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750292

Entity Name: MORNING GLORY APOSTOLIC DELIVERANCE MINISTRIES
INC.**FILED**
May 01, 2017
Secretary of State
CC0314881685**Current Principal Place of Business:**349 PINEVIEW DRIVE
WAYCROSS, GA 31501**Current Mailing Address:**P O BOX 663
WAYCROSS, GA 31501 US**FEI Number: 59-1997356****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BLUE DIANE.
11480 N.W. 11TH AVE
MIAMI, FL 33168 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BLUE, DIANE
Address	349 PINEVIEW DRIVE
City-State-Zip:	WAYCROSS GA 31501
Title	DIRECTOR
Name	KIRKLAND, JERRY
Address	1506 DOROTHY STREET
City-State-Zip:	WAYCROSS GA 31501
Title	DIRECTOR
Name	THOMAS, LISA MAE
Address	1506 DOROTHY STREET
City-State-Zip:	WAYCROSS GA 31501
Title	VP
Name	BETHEA, LACRISHA
Address	2260 NW 2 STREET
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	S
Name	WILLIAMS, EILEEN
Address	2307 SPURGEON STREET
City-State-Zip:	WAYCROSS GA 31501
Title	DIRECTOR
Name	SAUNDERS, BARBARA JEAN
Address	349 PINEVIEW DRIVE
City-State-Zip:	WAYCROSS GA 31501
Title	DIRECTOR
Name	PERPALL, QUENTALLE
Address	349 PINEVIEW DRIVE
City-State-Zip:	WAYCROSS GA 31501

I hereby 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 all other like empowered.

SIGNATURE: EILEEN WILLIAMS**SECRETARY****05/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date