2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# 738634

Entity Name: GRACE AND TRUTH DELIVERANCE MINISTRIES INC.

Current Principal Place of Business:

700 N. 11TH ST.
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

309 NORTH 9TH STREET
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 59-2355802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELLS, CORA B.
309 N. 9TH STREET
PALATKA, FL 32177 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:	PD	( ) Delete
Name:	FELLS, CORA B.,	
Address:	309 N. 9TH STREET	
City-St-Zip:	PALATKA, FL	
Title:	VD	( ) Delete
Name:	FELLS, EUGENE JR.,	
Address:	103 CAROLE ROAD	
City-St-Zip:	PALATKA, FL	
Title:	SD	( ) Delete
Name:	GILMORE, CATRECIA L	
Address:	291 OLD MATEO ROAD	
City-St-Zip:	EAST PALATKA, FL 32131	
Title:	TD	( ) Delete
Name:	MAYS, BETTY L	
Address:	1701 NAPOLEAN STREET #B-191	
City-St-Zip:	PALATKA, FL	
Title:	D	( ) Delete
Name:	MILLER, GLADYS L	
Address:	500 N. 16TH STREET #B-113	
City-St-Zip:	PALATKA, FL 32177	
Title:	D	( ) Delete
Name:	MCCASKILL, LILLIE B.,	
Address:	308 N. 11TH STREET	
City-St-Zip:	PALATKA, FL	

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:	TD	(X) Change ( ) Addition
Name:	MAYS, BETTY L	
Address:	2303 BRONSON ST. APT C-123	
City-St-Zip:	PALATKA, FL	
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: CATHY MCCOY D 04/02/2008

Electronic Signature of Signing Officer or Director — Date