

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739779

FILED
Apr 29, 2009
Secretary of State

Entity Name: FAITH HOPE & CHARITY DELIVERANCE CENTER, INC.

Current Principal Place of Business:

13223 NW 140TH ST
P.O. BOX 327
ALACHUA, FL 32616 US

New Principal Place of Business:

13223 NW 140TH ST
ALACHUA, FL 32616 US

Current Mailing Address:

PO BOX 327
ALACHUA, FL 32616 US

New Mailing Address:

FEI Number: 59-2699872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MALPHURS, NEIL A.
4 NORTH MAIN STREET
ALACHUA, FL 32616 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: TATE, ELIZA BELLE
Address: 13323 NW 157TH AVE
City-St-Zip: ALACHUA, FL

Title: VD () Delete
Name: MAYES, BELINDA
Address: NE 7TH STREET
City-St-Zip: NEWBERRY, FL

Title: SD () Delete
Name: ROLLINS, GLORIA
Address: 39TH AVENUE CREA PLUM
City-St-Zip: GAINESVILLE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TATE, ELIZA BELLE
Address: 13323 NW 157TH AVE
City-St-Zip: ALACHUA, FL 32616

Title: VD (X) Change () Addition
Name: MAYES, BELINDA
Address: 421 SOUTH WESTOVER BLVD
City-St-Zip: ALBANY, GA 31707

Title: SD (X) Change () Addition
Name: ROLLINS, GLORIA
Address: 2310 NE 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: TD () Change (X) Addition
Name: STEPHENS, DEBORAH
Address: 20625 NW CR 235-A
City-St-Zip: ALACHUA, FL 32616

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: DR. ELIZA B. TATE, PH.D.

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date