

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740070

FILED
Apr 30, 2009
Secretary of State

Entity Name: JESUS SUPERNATURAL DELIVERANCE CHURCH, INC.

Current Principal Place of Business:

700 NW 21ST AVENUE
POMPAN0 BEACH, FL 330692439 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 666843
POMPAN0 BEACH, FL 33066 US

New Mailing Address:

FEI Number: 59-1776103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, TERRY D
360 NW 20TH AVE
POMPAN0 BEACH, FL 330692439 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: O () Delete
Name: MCLAMORE, GARY
Address: 591 N.E. 38TH STREET
City-St-Zip: POMPAN0 BEACH, FL 33064

Title: P () Delete
Name: CRAWFORD, TERRY D
Address: 360 N.W. 20TH AVENUE
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: VP () Delete
Name: ORR, LILLIAN
Address: 901 N.W. 5TH AVENUE
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: FS () Delete
Name: SMITH, W. MATTIE
Address: 412 E. EVANSTON CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S () Delete
Name: CRAWFORD, YOLANDA
Address: 820 N.W. 170TH TERRACE
City-St-Zip: MIAMI, FL 33169

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MCLEMORE, OZZIE
Address: 2531 NW 11TH STREET
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: FS (X) Change () Addition
Name: SHELTON, MARYE
Address: 3301 NW 23RD STREET
City-St-Zip: LAUDERDALE LAKES, FL 33311 27

Title: S (X) Change () Addition
Name: DAVIS, BARBARA
Address: 1015 SE FIFTH COURT
City-St-Zip: DEERFIELD BEACH, FL 33441 59

Title: T () Change (X) Addition
Name: JACOBS, WILLIE
Address: 1548 NW 15TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

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: TERRY CRAWFORD

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date