

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762514

FILED
Apr 26, 2009
Secretary of State

Entity Name: EVANGELISTIC DELIVERANCE MIRACLES REVIVAL CENTER, INC.

Current Principal Place of Business:

9892 SE 159TH AVE
WHITE SPRINGS, FL 32096 US

New Principal Place of Business:

141 NE WEBSTER AVE.
LAKE CITY, FL 32055 US

Current Mailing Address:

9892 SE 159TH AVE.
WHITE SPIRNGS, FL 320960143 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHEPPARD, ELLA M
713 NE CATAWBA AVE
LAKE CITY, FL 32055 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: DYE, JOHN H
Address: 281 N.W FIDDLERS LN.
City-St-Zip: LAKE CITY, FL 32055 US

Title: TD () Delete
Name: MARSHALL, HELEN
Address: 9888 SE159 AVE.
City-St-Zip: WHITE SPRINGS, FL 32096 US

Title: VD () Delete
Name: DYE, CAROLYN Y
Address: 281 NW FIDDLERS LANE
City-St-Zip: LAKE CITY, FL 32055 US

Title: S () Delete
Name: HIGHTOWER, REATHER
Address: 15432 SE CITY RD. 25A
City-St-Zip: WHITE SPRINGS, FL 32096 US

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: () 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: JOHN HENRY DYE

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date