2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# 770062

Entity Name: CHURCH OF DELIVERANCE THROUGH THE BLOOD OF JESUS, INC.

Current Principal Place of Business:

13740 N.W. 19 AVE
BAY#1
OPA-LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

1350 N.W. 183 ST
MIAMI, FL 33169

New Mailing Address:

FEI Number: 59-2340045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TUFF, FREDDY L
3231 N.W. 50TH STREET
MIAMI, FL 33142 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:	PTD	( ) Delete
Name:	TUFF, FREDDY L	
Address:	3231 N.W. 50TH STREET	
City-St-Zip:	MIAMI, FL 33142	
Title:	VSD	( ) Delete
Name:	TUFF, GINA	
Address:	3231 N.W. 50TH STREET	
City-St-Zip:	MIAMI, FL 33142	
Title:	MD	( ) Delete
Name:	JORDAN, MONIQUE	
Address:	17013 N.W. 53 AVENUE	
City-St-Zip:	MIAMI, FL 33055	
Title:	TD	( ) Delete
Name:	WILLIAMS, DEBORAH	
Address:	825 N.E. 212 TERR.#6	
City-St-Zip:	MIAMI, FL 33179	
Title:	D	( ) Delete
Name:	BAPTISTE, ALOYSIUS	
Address:	840 SHARAR AVE	
City-St-Zip:	OPALOCKA, FL 33054	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BAPTISTE, ALOYSIUS	
Address:	1470 S.W. 101ST TERR. #102	
City-St-Zip:	PEMBROKE PINES, FL 33025	
Title:	D	( ) Change (X) Addition
Name:	JORDAN, COSMO M JR.	
Address:	17013 NW 53 AVE	
City-St-Zip:	CAROL CITY, FL 33056	

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: FREDDY TUFF PTD 02/28/2008

Electronic Signature of Signing Officer or Director — Date