


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # F04000006458 | |  |
| 1. Entity Name LIVING CHRIST DELIVERANCE CENTERS OF AMERICA, INC. | | |
| Principal Place of Business 3451 - CENTRAL AVE ST. PETERSBURG, FL 33711 | Mailing Address PO BOX 10411 ST. PETERSBURG, FL 33733-0411 | |



02072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3316896 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent WILSON, BEATRICE E 2110 16TH STREET S ST. PETERSBURG, FL 33705 | DO NOT WRITE IN THIS SPACE |
|---|-----------------------------------|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROBINSON, DORIS 562 41ST STREET SOUTH ST. PETERSBURG, FL 33711 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WILLIAMS, FELICIA 3403 N. 24TH STREET TAMPA, FL 33605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WILSON, BEATRICE E 2110 16TH STREET S ST. PETERSBURG, FL 33705 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WILLIAMS, MAUDINE 2132 WEST GRACE ST. TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beatrice E. Wilson Beatrice E. Wilson 3/28/07 787-385-9151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #