

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006458

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** LIVING CHRIST DELIVERANCE CENTERS OF AMERICA, INC.

**Current Principal Place of Business:**

3451 - CENTRAL AVE  
ST. PETERSBURG, FL 33711

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10411  
ST. PETERSBURG, FL 337330411

**New Mailing Address:**

**FEI Number:** 59-3316896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILSON, BEATRICE E  
2110 16TH STREET S  
ST. PETERSBURG, FL 33705 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: P ( ) Delete  
Name: ROBINSON, DORIS  
Address: 562 41ST STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33711

Title: VP ( ) Delete  
Name: WILLIAMS, FELICIA  
Address: 3403 N. 24TH STREET  
City-St-Zip: TAMPA, FL 33605

Title: S ( ) Delete  
Name: WILSON, BEATRICE E  
Address: 2110 16TH STREET S  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: ST ( ) Delete  
Name: WILSON, BEATRICE E  
Address: 2110-16TH ST S  
City-St-Zip: SAINT PETERSBURG, FL 33705

**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: BEATRICE E. WILSON

SEC.

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date