

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 03, 2011
Secretary of State

DOCUMENT# F04000006458

Entity Name: LIVING CHRIST DELIVERANCE CENTERS OF AMERICA, INC.**Current Principal Place of Business:**3451 - CENTRAL AVE
ST. PETERSBURG, FL 33713**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 SOUTH
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
Name: ROBINSON, DORIS
Address: 562 41ST STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

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

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

I hereby 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 all other like empowered.

SIGNATURE: BEATRICE WILSON

S/T

08/03/2011

Electronic Signature of Signing Officer or Director

Date