

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006458

FILED  
May 01, 2012  
Secretary of State

**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:**

3451 - CENTRAL AVE  
ST. PETERSBURG, FL 33713 US

**Current Mailing Address:**

PO BOX 10411  
ST. PETERSBURG, FL 337330411

**New Mailing Address:**

PO BOX 10411  
ST. PETERSBURG, FL 337330411 US

**FEI Number:** 59-3316896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 E. WILSON

S/T

05/01/2012

Electronic Signature of Signing Officer or Director

Date