

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005363

FILED
Apr 07, 2008
Secretary of State

Entity Name: CHRISTIAN DELIVERANCE FELLOWSHIPS, INC.

Current Principal Place of Business:

3623 NW MEDITERRANEAN LANE
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

3623 NW MEDITERRANEAN LANE
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 30-0373411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDY, LAFRONZA
388 NW SHERRY LANE
PORT LUCIE, FL 34967 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: C () Delete
Name: HYATT, GAREY A DR
Address: 7906 POLK ST
City-St-Zip: LANHAM, MD 20706

Title: VC () Delete
Name: BUSH, LEE C REV
Address: 49906 254TH STREET
City-St-Zip: LANCASTER, CA 93536

Title: D () Delete
Name: BROWN, LYDIA G
Address: 6702 LAKE PARK DRIVE BLDG 1 UNIT 104
City-St-Zip: GREENBELT, MD 20770

Title: D () Delete
Name: BROWN, JAMES ROBERT PASTOR
Address: PO BOX 247
City-St-Zip: MUSE, PA 15350

Title: D () Delete
Name: LAMAR, BETTIE L EVANGEL
Address: 7800 KIPLING PARKWAY
City-St-Zip: DISTRICT HEIGHTS, MD 20747

Title: D () Delete
Name: JOHNSON, TONI A MINISTE
Address: 10859 AMHERST AVENUE #201
City-St-Zip: SILVER SPRINGS, MD 20902

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
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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: DR. GAREY A. HYATT

C

04/07/2008

Electronic Signature of Signing Officer or Director

_____ Date