

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005363

FILED  
Apr 08, 2009  
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 (X)

**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  
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: NAOMI RUTH BOLDEN

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date