2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001571

FILED May 03, 2009 Secretary of State

Entity Name: MOUNT CARMEL FAITH DELIVERANCE CHURCH OF GOD (MISSISSAUGA) INC

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: SPENCE, GALBERT 4307 21ST SW LEHIGH ACRES, FL 33971 US The above named entity submits this statement for the purpose of changing its registered of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES Title: C () Delete Name: SPENCE, ALTHEA G Address: 7077 BRANIGAN GATE City-St-Zip: MISSISSAUGA ONT L5N 7LS, Title: DT () Delete Name: ELLIS, GEORGIA Title: () Ti	Business:
Current Mailing Address: 4307 21ST SW LEHIGH ACRES, FL 33976 FEI Number 42-1727392 FEI Number Applied For () FEI Number Not Applicable () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of Notes Spence, GALBERT 4307 21ST SW LEHIGH ACRES, FL 33971 US The above named entity submits this statement for the purpose of changing its registered of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: C () Delete Name: SPENCE, ALTHEA G Address: 7077 BRANIGAN GATE City-St-Zip: MISSISSAUGA ONT L5N 7LS, Title: DT () Delete Name: ELLIS, GEORGIA Name: Hew Mailing Address: New Mailing Address: TEI Number Not Applicable () FEI Number Not Applicable () FEI Number Not Applicable () FEI Number Not Applicable () FILL Number Not Applicable () Name: Address: City-St-Zip: MississAuga ONT L5N 7LS, Title: DT () Delete Title: () Fill Number Not Applicable () Name: ELLIS, GEORGIA	
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OFFICERS AND DIRECTORS: ADDITIONS/CHANGES To the control of the control	
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Name: ELLIS, GEORGIA Name:	Change()Addition
Address: 7508 DISCUS CRES E Address: City-St-Zip: MISSISSAUGA ONT L5N 7LS, City-St-Zip:	Change()Addition
Title: S () Delete Title: () Pame: BROWN, MICHOLETTE Name: Address: 101 GRAFFE AVE Address: City-St-Zip: BRAMPTON ONTARIO L6R 1Z2, 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: ALTHEA G. SPENCE C 05/03/2009