2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# F97000001999

Entity Name: GOOD LIFE DELIVERANCE MINISTRIES, INCORPORATED

Current Principal Place of Business:

18631 SW 107 AVE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

15428 SW 151 TERRACE
MIAMI, FL 33196

New Mailing Address:

FEI Number: 11-3018550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

WRIGHT, ASSAD REV.
15428 SW 151 TERRACE
MIAMI, FL 33196 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: PT ( ) Delete
Name: WRIGHT, OTIS B REV.
Address: 18631 SW 107 AVE
City-St-Zip: MIAMI, FL 33157

Title: VT ( ) Delete
Name: WRIGHT, ASSAD REV.
Address: 15428 SW 151 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: ST ( ) Delete
Name: GRAHAM, JEAN
Address: 18631 SW 107 AVE
City-St-Zip: MIAMI, FL 33157

Title: TT ( ) Delete
Name: WRIGHT, JEAN
Address: 15428 SW 151 TERRACE
City-St-Zip: MIAMI, FL 33196

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:

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: ASSAD WRIGHT VT 07/08/2008

Electronic Signature of Signing Officer or Director — Date