

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000214

FILED
Jan 26, 2009
Secretary of State

Entity Name: SALVATION AND DELIVERANCE OUTREACH MINISTRY, INC.

Current Principal Place of Business:

932 CASCADES PARK TRAIL
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

932 CASCADES PARK TRAIL
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-3618652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, VIVIAN B
932 CASCADES PARK TRAIL
DELAND, FL 32720 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: D () Delete
Name: ROBINSON, VIVIAN B
Address: 932 CASCADES PARK TRAIL
City-St-Zip: DELAND, FL 32720

Title: AS () Delete
Name: BROWN, WYVETRA
Address: 1511 LUCAS AVE
City-St-Zip: SEBRING, FL 33870

Title: VC () Delete
Name: WILLIAMS, RODNEY
Address: 10809 RUSHWOOD WAY
City-St-Zip: CLERMONT, FL 34711

Title: TM () Delete
Name: ROBINSON, HARRY J
Address: 932 CASCADES PARK TRAIL
City-St-Zip: DELAND, FL 32720

Title: SD () Delete
Name: MYERS, LINDA
Address: 2133 BRIAN AVE
City-St-Zip: SOUTH DAYTONA, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: WILLIAMS, RODNEY
Address: 10809 RUSHWOOD WAY
City-St-Zip: CLERMONT, FL 34714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SANTI, KATHLEEN MD
Address: 942 TALL PINE DRIVE
City-St-Zip: PORT ORANGE,, FL 32127

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: VIVIAN B. ROBINSON

D

01/26/2009

Electronic Signature of Signing Officer or Director

Date