2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N01000000353

Entity Name: ROHI DELIVERANCE CHURCH, INC.

Current Principal Place of Business:

545 SOUTH ADELLE AVENUE
DELAND, FL 32720

New Principal Place of Business:

4200 NW 97TH BLVD.
GAINESVILLE, FL 32606 US

Current Mailing Address:

PO BOX 2047
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-3701164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANCASTER, AUSTIN
1111 CITY RD. 315
GRANDIN, FL 32138 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: PD ( ) Delete
Name: LANCASTER, AUSTIN
Address: P.O BOX 146
City-St-Zip: GRANDIN, FL 32138

Title: VPD ( ) Delete
Name: LANCASTER, LINDA S
Address: P.O BOX 146
City-St-Zip: GRANDIN, FL 32138

Title: STD ( ) Delete
Name: COHENS, TERRENZI M
Address: PO BOX 2353
City-St-Zip: GAINESVILLE, FL 32614

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LANCASTER, AUSTIN
Address: PO BOX 146
City-St-Zip: GRANDIN, FL 32138 US

Title: VD (X) Change ( ) Addition
Name: LANCASTER, LINDA S
Address: PO BOX 146
City-St-Zip: GRANDIN, FL 32138 US

Title: D (X) Change ( ) Addition
Name: COHENS, TERRENZI M
Address: PO BOX 2353
City-St-Zip: GAINESVILLE, FL 32614 US

Title: D ( ) Change (X) Addition
Name: KENNEDY, ASTERIA L
Address: PO BOX 4
City-St-Zip: GRANDIN, FL 32138 US

Title: FS ( ) Change (X) Addition
Name: COHENS, JERONA T
Address: PO BOX 2353
City-St-Zip: GAINESVILLE, FL 32614 US

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: AUSTIN LANCASTER PD 04/21/2009
Electronic Signature of Signing Officer or Director — Date