

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003740

FILED
Jan 29, 2007
Secretary of State

Entity Name: FAITH DELIVERANCE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

6035 FORT CAROLINE RD
SUITE 15
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 550603
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3723628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTLE, ADDISON S
3125 TALL PINE LN
APT #2
JACKSONVILLE, FL 32277 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: LITTLE, ADDISON S
Address: 3125 TALL PINE LN APT #2
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD () Delete
Name: MCNEAL, HAROLD D
Address: 8151 WEYBRIDGE DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: MCNEAL, ANGELA A
Address: 8152 WEYBRIDGE DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: CRAWFORD, MARGARET
Address: 701 NORTH OCEAN STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: MARVIN, BROOKS S
Address: 209 W. 23RD STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D (X) Delete
Name: JAMES, LUNDY R JR
Address: 11333 AMERICAN LN
City-St-Zip: JACKSONVILLE, FL 32218

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
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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 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: ADDISON LITTLE

PD

01/29/2007

Electronic Signature of Signing Officer or Director

Date