2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N01000003740

Entity Name: FAITH DELIVERANCE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

12781 GUERNSEY ST
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

12781 GUERNSEY ST
JACKSONVILLE, FL 32226

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
12781 GUERNSEY ST
JACKSONVILLE, FL 32226 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: 12781 GUERNSEY ST
City-St-Zip: JACKSONVILLE, FL 32226

Title: TD ( ) Delete
Name: MCNEAL, HAROLD D
Address: 7200 POWERS AVE, APT 135
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD ( ) Delete
Name: MCNEAL, ANGELA A
Address: 7200 POWERS AVE, APT 135
City-St-Zip: JACKSONVILLE, FL 32217

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: MCNEAL, HAROLD D
Address: 5126 BRADFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD (X) Change ( ) Addition
Name: MCNEAL, ANGELA A
Address: 5126 BRADFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32217

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: ADDISON S. LITTLE PD 03/25/2009

Electronic Signature of Signing Officer or Director — Date