


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90018 032 ****70.00

DOCUMENT # N01000004120	
1. Entity Name SALVATION & DELIVERANCE WORLD OUTREACH MINISTRIES, INC.	

Principal Place of Business 4456 TAMiami TRAIL, STE A-1 PORT CHARLOTTE FL 33980	Mailing Address 2138 AMSTEAD ST PORT CHARLOTTE FL 33980
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent BENHAMIN, WORDSWORTH 2138 AMSTEAD ST PORT CHARLOTTE FL FL339-80

4. FEI Number 65-1068366	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BENJAMIN, WORDSWORTH 2138 AMSTEAD ST PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RUDOLPH BAGOT (b) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 23095 GRAY AVE PORT CHARLOTTE FL 33980
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BENJAMIN, MYRNA 2138 AMSTEAD ST PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	EDITH EDWARDS (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2395 HARBOR BLVD PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete MILLS, EUGENE 26408 DEEP CREEK BLVD PUNTA GORDA FL 33983	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete NICHOLS, IRMA 22029 PERKIN ST PORT CHARLOTTE FL 33952	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete MILLS, JANET 26408 DEEP CREEK BLVD PUNTA GORDA FL 33983	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wordsworth Benjamin* *February 27, 2007 1941637-2278*