

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004120

FILED
Feb 22, 2009
Secretary of State

Entity Name: DELIVERANCE WORLDWIDE MINISTRIES, INC.

Current Principal Place of Business:

4456 TAMIAMI TRAIL, STE A-1
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

2138 AMSTEAD ST
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 65-1068366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENHAMIN, WORDSWORTH
2138 AMSTEAD ST
PORT CHARLOTTE, FL FL33980 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: DP () Delete
Name: BENJAMIN, WORDSWORTH
Address: 2138 AMSTEAD ST
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: DS () Delete
Name: BENJAMIN, MYRNA
Address: 2138 AMSTEAD ST
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: NICHOLS, IRMA
Address: 22029 PERKIN ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: BAGOT, RUDOLPH
Address: 23095 GRAY AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: EDWARDS, EDITH
Address: 2395 HARBOR BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

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
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: WORDSWORTH BENJAMIN

DP

02/22/2009

Electronic Signature of Signing Officer or Director

Date