2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007
Secretary of State

DOCUMENT# N01000004225

Entity Name: FAITH DELIVERENCE TABERNACLE MINISTRIES, INC.

Current Principal Place of Business:

220 MILL CREEK RD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

220 MILL CREEK RD.
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 52-2315015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRANT, THOMAS E
10135 GATE PARKWAY NORTH #1708
JACKSONVILLE, FL 32246 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: D ( ) Delete
Name: GRANT, THOMAS E
Address: P.O. BOX 16191
City-St-Zip: JACKSONVILLE, FL 32245

Title: D ( ) Delete
Name: GRANT, TWANDA R
Address: P.O. BOX 16191
City-St-Zip: JACKSONVILLE, FL 32245

Title: D ( ) Delete
Name: SNYPE, MICHELLE L
Address: 11437 BRIAN LAKES DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete
Name: SNYPE, MAURICE
Address: 11437 BRIAN LAKES DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete
Name: BROOKS, MARY L
Address: 6745 ORKNEY RD
City-St-Zip: JACKSONVILLE, FL 32211

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: THOMAS E GRANT D 05/31/2007

Electronic Signature of Signing Officer or Director — Date