

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005736

FILED
Apr 16, 2009
Secretary of State

Entity Name: BLOSSOM IN THE WORD DELIVERANCE MINISTRY INC.

Current Principal Place of Business:

525 SR 427
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

612 PLUM LANE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3741681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, JOHN
612 PLUM LANE
ALTAMONTE SPRINGS, FL 32701 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: WOODS, JOHN
Address: 612 PLUM LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD () Delete
Name: WOODS, MARY
Address: 612 PLUM LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: BRANTLEY, REYNOLD
Address: 5604 WEST BARRY
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: BLAKE, VICKIE
Address: 319 TEAKWOOD LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S () Delete
Name: THOMAS, HEATHER
Address: 409 MAGNOLIA STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: WOODS, KEITH
Address: 448 FIELDSTREAN WEST BLVD
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BRANTLEY, REGINALD
Address: 5604 WEST BARRY
City-St-Zip: ORLANDO, FL 32808

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: JOHN WOODS

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date