

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006913

FILED
Apr 06, 2009
Secretary of State

Entity Name: TRUE GOSPEL DELIVERANCE MINISTRY, INC.

Current Principal Place of Business:

6874 NW 9TH AVE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6874 NW 9TH AVE
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1154629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLEMING, SALLY
3019 NW 4TH CT.
POMPANO BCH, FL 33069 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: P () Delete
Name: MONROE, SHARON
Address: 967 SW 56 AVE
City-St-Zip: POMPAN0 BEACH, FL 33068

Title: D () Delete
Name: FLEMING, SALLY
Address: 3019 NW 4TH CT
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: DT () Delete
Name: STONE, ROBBIE
Address: 4810 NW 18ST
City-St-Zip: LAUDERHILL, FL 33308

Title: C () Delete
Name: DURHAM, LATRELL
Address: 10015 WINDING LAKE RD 103
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: D () Delete
Name: JOHNSON, NIGIEA
Address: 6300 S FALL CIR DR
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: D () Delete
Name: TIMMOY, MAXWELL
Address: 1548 NW 52 AVE #1
City-St-Zip: FORT LAUDERDALE, FL 33313

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
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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: SHARON MONROE

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date