2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 08:00 AM DOCUMENT # NO1000008707 **Secretary of State** 1. Entity Name LIFE-CHANGING DELIVERANCE MINISTRIES, INC. Principal Place of Business Mailing Address 13030 NW 20 AVE MIAMI FL 33167 13030 NW 20 AVE MIAMI FL 33167 2. Principal Place of Business 3. Mailing Address Suite, Apt. It. etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number 81-0549654 Not Applicat Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAMUELS, JOYCE D REV. 13030 NW 20 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33167 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE_Rogistered Agent signature regulared when reinstating) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 17. TIME Oelete TITLE Addition SAMUELS, JOYCE D PASTOR NAME NAMI U00000440122 13030 NW 20 AVE STREET ADDRESS STREE! AUDRESS. MIAMI FL 33167 03/02/06-80029-813 70.00 CITY-ST-ZIP CITY-ST-IP TRUS nne Defete Change TITLE Addis-SAMUELS, JIMMY NAME NAML 13030 NW 20 AVE STREET ADDRÉSS STREET ADDRESS CITY-ST-218 MIAMI FL 33167 CUTY-SI-ZIP TITLE ST ☐ Delete ☐ Change Addition TITLE GLENN, BRIDGETTE NAME NAME STREET ADDRESS 13030 NW 20 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33167** CITY - ST-ZIP TRUS TITLE ☐ Defete TITLE ☐ Change [] # · · · · RAMBO, MYRA NAME STREET ADDRESS 10980 SW 154TH STREET STREET ADDRESS CSTY-ST-279 MIAMI FL 33176 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Chacoe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attagrament with an address, with all other like empowered.

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