2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N01000008707

Entity Name: LIFE-CHANGING DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

13030 NW 20 AVE
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

13030 NW 20 AVE
MIAMI, FL 33167

New Mailing Address:

FEI Number: 81-0549654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAMUELS, JOYCE D REV.
13030 NW 20 AVE
MIAMI, FL 33167 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: SAMUELS, JOYCE D PASTOR
Address: 13030 NW 20 AVE
City-St-Zip: MIAMI, FL 33167

Title: TRUS ( ) Delete
Name: SAMUELS, JIMMY
Address: 13030 NW 20 AVE
City-St-Zip: MIAMI, FL 33167

Title: ST ( ) Delete
Name: GLENN, BRIDGETTE
Address: 13030 NW 20 AVE
City-St-Zip: MIAMI, FL 33167

Title: TRUS ( ) Delete
Name: RAMBO, MYRA
Address: 10980 SW 154TH STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change ( ) Addition
Name: CROCKER, WINNIE W SECRETA
Address: 13030 NW 20 AVE
City-St-Zip: MIAMI, FL 33167

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: JOYCE D SAMUELS PAST 03/05/2009

Electronic Signature of Signing Officer or Director — Date