# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2007**
**Secretary of State**

DOCUMENT# N02000001618

**Entity Name:** BLESSED DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

P O BOX 5771
JACKSONVILLE, FL 322475771

**New Principal Place of Business:**

2015 CURRY LANE
JACKSONVILLE, FL 32207 US

**Current Mailing Address:**

P O BOX 5771
JACKSONVILLE, FL 322475771

**New Mailing Address:**

**FEI Number: 82-0546303** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**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:**

RIGBY, THELMA D
2015 CURRY LANE
JACKSONVILLE, FL 32207 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: RIGBY, THELMA D
Address: 2015 CURRY LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD ( ) Delete
Name: GEORGE, FELICIA
Address: 7825 GEORGE JACK DRIVE N.
City-St-Zip: JACKSONVILLE, FL 32244

Title: S ( ) Delete
Name: LEWIS, KAREN
Address: 10974 TRACI LYNN
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD ( ) Delete
Name: ROBERTS, SONIA
Address: 2283 W. 12TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: SCOTT, CLEMENTINE
Address: 4017 BENDER RD.
City-St-Zip: JACKSONVILLE, FL 32216

**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: THELMA D. RIGBY PD 05/01/2007
Electronic Signature of Signing Officer or Director — Date