

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001618

FILED
May 07, 2008
Secretary of State

Entity Name: BLESSED DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

2015 CURRY LANE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

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:

Name and Address of New Registered Agent:

RIGBY, THELMA D
2015 CURRY LANE
JACKSONVILLE, FL 32207 US

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

05/07/2008

Electronic Signature of Signing Officer or Director

Date