

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001618

FILED  
Apr 27, 2009  
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)**

**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

04/27/2009

Electronic Signature of Signing Officer or Director

Date