

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001897

FILED
May 19, 2009
Secretary of State

Entity Name: GOD'S DELIVERY MAN MINISTRIES CHURCH, INC.

Current Principal Place of Business:

6500 FOREST CITY ROAD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 8781
ALEXANDRIA, LA 71306

New Mailing Address:

FEI Number: 72-1415959 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

BRODNAX, J L
109 TEXAS AVE.
ALEXANDRIA, LA., FL 71301 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: D () Delete
Name: BRODNAX, J L
Address: 109 TEXAS AVE.
City-St-Zip: ALEXANDRIA, LA 71301 US

Title: D () Delete
Name: STAFFORD, RENITA
Address: 604 SLOCUM DR
City-St-Zip: ALEXANDRIA, LA 71302

Title: D () Delete
Name: ROLAND, IRMA
Address: 5248 RAPHEL DR
City-St-Zip: ALEXANDRIA, LA 71303

Title: D () Delete
Name: BARNER, RODNEY
Address: 1813 GAMMON LN
City-St-Zip: ORLANDO, FL 32811

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:

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: JAMES L. BRODNAX

D

05/19/2009

Electronic Signature of Signing Officer or Director

Date