

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000002502

1. Entity Name

LIVING BY FAITH DELIVERANCE MINISTRIES, INC.



Principal Place of Business

10711 SW 216TH ST
STE 208
GOULDS FL 33170

Mailing Address

11845 S.W. 222 ST.
GOULDS FL 33170



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

11-3665301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHIGHAM, ALICIA
11845 S.W. 222 ST.
GOULDS FL 33170

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BRYANT, SHIRLEY A ☐ Delete
STREET ADDRESS 11845 S.W. 222 ST.
CITY- ST- ZIP GOULDS FL 33170

TITLE
NAME 000000578721 ☐ Change ☐ Addition
STREET ADDRESS 04/14/08-80068-001 61.25
CITY- ST- ZIP

TITLE TD
NAME JOHNSON, ZELLA L ☐ Delete
STREET ADDRESS 11845 S.W. 222 ST.
CITY- ST- ZIP GOULDS FL 33170

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE SD
NAME WHIGHAM, ALICIA ☐ Delete
STREET ADDRESS 11845 S.W. 222 ST.
CITY- ST- ZIP GOULDS FL 33170

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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NAME ☐ Delete
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CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley A. Bryant* (Shirley A. Bryant)

3-29-08 305-258