

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006117

FILED
Apr 29, 2008
Secretary of State

Entity Name: DEBORAH & COMPANY INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

309 N. 9TH ST.
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

309 N. 9TH ST.
PALATKA, FL 32177

New Mailing Address:

FEI Number: 81-0608976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, STEPHANIE
2305 HUSSA AVE
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

JOHNSON, STEPHANIE
309 N 9TH STREET
PALATKA, FL 32177 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: STEPHANIE JOHNSON

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FELLs, CORA B
Address: 309 N. 9TH ST.
City-St-Zip: PALATKA, FL 32177

Title: VPD () Delete
Name: KING, DOLLIE
Address: 309 N. 9TH ST.
City-St-Zip: PALATKA, FL 32177

Title: SETD () Delete
Name: BROWN, DEBORAH
Address: 309 N. 9TH ST.
City-St-Zip: PALATKA, FL 32177

Title: PR () Delete
Name: COLE, CORLISS
Address: 320 CROSSING BLVD #B822
City-St-Zip: ORANGE PARK, FL 32073

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: CORA B FELLs

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date