2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N02000009648

Entity Name: CRY LOUD DELIVERANCE MINISTRIES INC.

Current Principal Place of Business:

5124 INDIAN LAKES CT #3
JACKSONVILLE, FL 32210

New Principal Place of Business:

5026 PLYMOUTH ST.
2
JACKSONVILLE, FL 32205

Current Mailing Address:

5124 INDIAN LAKES CT #3
JACKSONVILLE, FL 32210

New Mailing Address:

2103 WT 16TH ST
JACKSONVILLE, FL 32209

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES, SHANITA Y PASTOR
5124 INDIAN LAKES CT #3
JACKSONVILLE, FL 32210

Name and Address of New Registered Agent:

JAMES, SHANITA Y PASTOR
2103 WT 16TH ST
JACKSONVILLE, FL 32209

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: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RANDOLPH, DIANE T
Address: 3052 CRANBERRY LN
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D ( ) Delete
Name: VANDYKE, LATOYA T
Address: 3052 CRANBERRY LN
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D ( ) Delete
Name: BASE, YVONNE T
Address: 2103 WT 16TH ST.
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: P ( ) Delete
Name: JAMES, SHANITA Y D
Address: 5124 INDIAN LAKES CT#3
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: V ( ) Delete
Name: THOMAS, DEBORAH D T
Address: 1632 WT 11TH ST.
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: S ( ) Delete
Name: ROBIN, MARY T
Address: 4064 EARNEST ST
City-St-Zip: JACKSONVILLE, FL 32205 US

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHANITA JAMES P 04/30/2004
Electronic Signature of Signing Officer or Director — Date