

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009648

FILED
May 01, 2007
Secretary of State

Entity Name: CRY LOUD DELIVERANCE MINISTRIES INC.

Current Principal Place of Business:

5026 PLYMOUTH ST.
2
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

2103 WT 16TH ST
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

JAMES, SHANITA Y PASTOR
2103 WT 16TH ST
JACKSONVILLE, FL 32209 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: 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: S () 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: D () 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 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: SHANITA JAMES

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date