# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2007**
**Secretary of State**

DOCUMENT# N03000000202

**Entity Name:** TRUE DELIVERANCE MINISTRIES INCORPORATED

**Current Principal Place of Business:**

1700 W BROWARD BLVD
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3041 NW 5 CT
FT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number: 30-0018736** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MITCHELL, SHIRLEY J
3041 NW 5 CT
FT LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

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: | P | ( ) Delete |
| Name: | MITCHELL, SHIRLEY J | |
| Address: | 3041 NW 5 CT | |
| City-St-Zip: | FT LAUDERDALE, FL 33311 | |
| Title: | MS | ( ) Delete |
| Name: | MAXWELL, TAMMY L | |
| Address: | 7931 SW 9 ST | |
| City-St-Zip: | N LAUDERDALE, FL 33068 | |
| Title: | PT | ( ) Delete |
| Name: | RICHARDSON, LORIA | |
| Address: | 501 SW 64TH TERR | |
| City-St-Zip: | PINE BROOK PINE, FL 33023 | |
| Title: | M | ( ) Delete |
| Name: | JANELLE DANIEL, OLIVIA | |
| Address: | 3874 LYONS ROAD | |
| City-St-Zip: | POMPANO BEACH, FL 33073 | |
| Title: | MT | ( ) Delete |
| Name: | DANIEL, WOODROW | |
| Address: | 3874 LYONS ROAD | |
| City-St-Zip: | POMPANO BEACH, FL 33073 | |
| Title: | T | ( ) Delete |
| Name: | AUDREY KINSEY, EUG. | |
| Address: | 19546 SW 103 CT | |
| City-St-Zip: | MIAMI, FL 33157 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | PT | (X) Change ( ) Addition |
| Name: | RICHARDSON, LORIA A | |
| Address: | 501 SW 64TH TERR | |
| City-St-Zip: | PEMBROKE PINES, FL 33023 | |
| Title: | EVAG | (X) Change ( ) Addition |
| Name: | JANELLE DANIEL, OLIVIA | |
| Address: | 3874 LYONS ROAD | |
| City-St-Zip: | POMPANO BEACH, FL 33073 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | EVAG | (X) Change ( ) Addition |
| Name: | KINSEY, AUDREY | |
| Address: | 19546 SW 103 CT | |
| City-St-Zip: | MIAMI, FL 33157 | |

I hereby certify that the information supplied with this filing does not qualify for the 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: LORIA A RICHARDSON PT 01/26/2007

Electronic Signature of Signing Officer or Director — Date