

2007 ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90052 038 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N03000002936</b><br>1. Entity Name<br><b>SALVATION &amp; DELIVERANCE REACH OUT AND TOUCH MINISTRIES, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>398 NW 30 TERRANCE<br/>         FORT LAUDERDALE, FL 33311</b>  |   |   | Mailing Address<br><b>398 NW 30 TERRANCE<br/>         FORT LAUDERDALE, FL 33311</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>SAME</b>  |   | 3. Mailing Address<br><b>SAME</b>   |  |   |  |
| Suite, Apt. #, etc.<br><b>11</b>   |   | Suite, Apt. #, etc.<br><b>11</b>  |  |   |  |
| City & State<br><b>FL</b>  |   | City & State<br><b>FL</b>   |  |   |  |
| Zip<br><b>33311</b>  |   | Zip<br><b>33311</b>   |  | Country<br><b>USA</b>   |  |
| 4. FEI Number<br><b>13-4259791</b>   |   |   |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |  |   |  |
| 6. Name and Address of Current Registered Agent<br><b>GIVENS, LORINZO<br/>         398 NW 30 TERRANCE<br/>         FORT LAUDERDALE, FL 33311</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>SAME</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>( )</b><br>City <b>FL</b> Zip Code <b>33311</b> |   |  |
| 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.<br>SIGNATURE <u><i>Lorinzo Givens</i></u> <u><i>Lorinzo Givens</i></u> <u><i>2/16/07</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>   |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>         Due by May 1, 2007</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>         Florida Department of State</b> |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GIVENS, LORINZO<br>398 NW 30 TERRANCE<br>FORT LAUDERDALE, FL 33311             | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GIVENS, CHARLIE M<br>398 NW 30 TERRANCE<br>FORT LAUDERDALE, FL 33311           | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SAPP, BARBARA J<br>4900 NW 14TH STREET<br>LAUDERHILL, FL 33311                 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>LOWE, TWINELL<br>2501 NW 41ST AVENUE<br>LAUDERHILL, FL 33313                   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>WALKER, CHALISA<br>5896 NW 46TH TERRACE<br>TAMARAC, FL 33319                   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>STRIGGLES, MITCHELL<br>701 NW 15TH TERRACE APT #5<br>FORT LAUDERDALE, FL 33311 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Lorinzo Givens</i></u> <u><i>Lorinzo Givens</i></u> <u><i>2/16/07</i></u> <u><i>561-502-0563</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |  |   |  |