2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N03000003321

Entity Name: FAITH & DELIVERANCE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

1582 WATER DR. SE, STE A
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

493 EVERGREEN ST NE
PALM BAY, FL 32907

New Mailing Address:

4314 CANBY DR
MELBOURNE, FL 32901

FEI Number: 41-2094886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

WILLIAMS, PATRICIA A
493 EVERGREEN ST NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

WILLIAMS, PATRICIA A
4314 CANBY DR
MELBOURNE, FL 32901 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: PATRICIA WILLIAMS 05/04/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: WILLIAMS, PATRICIA A
Address: 493 EVERGREEN ST NE
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete
Name: WILLIAMS, MARTHA
Address: 250 E UNIVERSITY BLVD #B
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: SCOTT-LAWRENCE, MICHELLE
Address: 1771 RADISSON ST
City-St-Zip: PALM BAY, FL 32908

Title: TD ( ) Delete
Name: BRADSHAW, CATHY
Address: 305 MASTEN ST NW
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete
Name: WILLIAMS, MELISSA
Address: 2901 S ALBERMARLE ST #J5
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: MOFFETT, MARVIN P
Address: 305 MASTEN ST NW
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: WILLIAMS, PATRICIA A
Address: 4314 CANBY DR
City-St-Zip: MELBOURNE, FL 32901

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: PATRICIA WILLIAMS PRES 05/04/2009
Electronic Signature of Signing Officer or Director — Date