

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000003485**

1. Entity Name  
**THE NEW STAY IN TOUCH WITH GOD DELEVERANCE  
MINISTRIES INC.**



Principal Place of Business  
**5541 ARLINGTON ROAD  
#3  
JACKSONVILLE, FL 32211**

Mailing Address  
**455 WINTER STREET  
JACKSONVILLE, FL 32254**



01222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>45-0504284</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**JONES, MERCY  
455 WINTER STREET  
JACKSONVILLE, FL 32254**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JONES, MERCY
STREET ADDRESS	455 WINTER STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	TD
NAME	REDDING, TALESCIA A
STREET ADDRESS	6801 JACK HORNER LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	SD
NAME	HILL, VALENCIA J
STREET ADDRESS	6983 MISS MUFFET LANE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	JONES, WILLIE R
STREET ADDRESS	455 WINTER STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	D
NAME	TONEY, ERIKA
STREET ADDRESS	2354 JUSTIN RD EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000794985  
01/28/08-80028-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Mercy Jones MERCY JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-08 (904) 422-3903

Date Daytime Phone #