

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003485

FILED  
Jan 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5541 ARLINGTON ROAD  
#3  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

455 WINTER STREET  
JACKSONVILLE, FL 32254

**New Mailing Address:**

455 WINTER STREET  
JACKSONVILLE, FL 32254 US

**FEI Number:** 45-0504284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, MERCY  
455 WINTER STREET  
JACKSONVILLE, FL 32254 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: D ( ) Delete  
Name: JONES, MERCY  
Address: 455 WINTER STREET  
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: TD ( ) Delete  
Name: REDDING, TALESCIA A  
Address: 6801 JACK HORNER LANE  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SD ( ) Delete  
Name: HILL, VALENCIA J  
Address: 6963 MISS MUFFET LANE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D ( ) Delete  
Name: JONES, WILLIE R  
Address: 455 WINTER STREET  
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: D ( ) Delete  
Name: TONEY, ERIKA  
Address: 2354 JUSTIN RD EAST  
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: WASHINGTON, RONNIE  
Address: 933 CORNWALLIS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: SD (X) Change ( ) Addition  
Name: VAN DYKE, BRANDY J  
Address: 8090 ATLANTIC BLVD #H-59  
City-St-Zip: JACKSONVILLE, FL 32211 US

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: DR. MERCY JONES

D

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date