

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N03000006688

Entity Name: STRONGHOLDS DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

2800 NW 44 ST STE 210
OAKLAND PK, FL 33313

New Principal Place of Business:

Current Mailing Address:

2800 NW 44 ST STE 210
OAKLAND PK, FL 33313

New Mailing Address:

FEI Number: 41-2106374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIN, ALICIA
521 NW 132 TERR
PLANTATION, FL 33325 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: DP () Delete
Name: MCDONALD, ELEANOR D
Address: 2800 NW 44 ST STE #210
City-St-Zip: OAKLAND PK, FL 33309

Title: DT () Delete
Name: HOWARD, JAVELLE
Address: 2797 OAKLAND FOREST DR #104
City-St-Zip: OAKLAND PK, FL 33309

Title: DO () Delete
Name: LEWIS, CLANSON
Address: 4917 NW 43 CT
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: DO () Delete
Name: OTTEY, ALFRED
Address: 2797 OAKLAND FOREST DR #104
City-St-Zip: OAKLAND PK, FL 33309

Title: DVC () Delete
Name: CHIN, ALICIA
Address: 521 NW 132 TERR
City-St-Zip: PLANTATION, FL 33325

Title: DS () Delete
Name: RICHARDSON, YULUNDA
Address: 6230 NW 14 PL
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: ELEANOR MCDONALD

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date