

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006688

FILED
Sep 05, 2007
Secretary of State

Entity Name: STRONGHOLDS DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

2800 NW 44 ST STE 210
OAKLAND PK, FL 33309

New Principal Place of Business:

Current Mailing Address:

2800 NW 44 ST STE 210
OAKLAND PK, FL 33309

New Mailing Address:

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

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: BOWENS, BESSIE
Address: 1124 HILTON AVE
City-St-Zip: UTICA, NY 13501

Title: DO (X) 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 (X) Delete
Name: PENA, LAVONNA
Address: 3326 NW 15TH AVE
City-St-Zip: FORT LAUDERDALE, FL

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:

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: ELEANOR D.MCDONALD

DP

09/05/2007

Electronic Signature of Signing Officer or Director

_____ Date