

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007927

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** FAITH DELIVERANCE AND MIRACLE MINISTRIES, INC.

**Current Principal Place of Business:**

2427 CRILL AVE  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 99  
PUTNAM HALL, FL 32185

**New Mailing Address:**

**FEI Number:** 42-1603354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JENNINGS, STEPHAN E APOSTLE  
282 PUTNAM LOOP RD  
MELROSE, FL 32666 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:** PD  
**Name:** JENNINGS, STEPHAN E APOSTLE  
**Address:** 282 PUTNAM LOOP RD  
**City-St-Zip:** MELROSE, FL 32666

**Title:** VD  
**Name:** JENNINGS, TERESA A  
**Address:** 282 PUTNAM LOOP RD  
**City-St-Zip:** MELROSE, FL 32666

**Title:** S  
**Name:** MCCASKILL, TRENESA L  
**Address:** 2110 NW 54TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

**SIGNATURE:** STEPHAN E JENNINGS

PD

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date