

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010446

FILED
May 12, 2008
Secretary of State

Entity Name: FAITH AND DELIVERANCE IN CHRIST OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

1275 MARTIN LUTHER KING JR BLVD.
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 733
BARTOW, FL 33831 US

New Mailing Address:

FEI Number: 54-2135461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HARRIS, JOAN W EVANG.
1060 # 53 GOLFVIEW AVENUE
BARTOW, FL 33830 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 () Delete
Name: HARRIS, JOAN W EVANG.
Address: 1060 #53 GOLFVIEW AVENUE
City-St-Zip: BARTOW, FL 33830 US

Title: DS () Delete
Name: STEVENSON, SABRINA SECRY
Address: P O BOX 733 MAILING ONLY
City-St-Zip: BARTOW, FL 33831 US

Title: TD () Delete
Name: THOMPSON-HARVIN, CAMILLE TREAR
Address: 118 MEDERA DRIVE
City-St-Zip: WINTER HAVEN, FL 33801 US

Title: M () Delete
Name: NEWSOME, GERRY MINST
Address: 2920 DUDLEY DRIVE
City-St-Zip: BARTOW, FL 33830 US

Title: DAS () Delete
Name: MOTHERSILL, DEBORAH ADMIN S
Address: P O BOX 733 (MAILING)
City-St-Zip: BARTOW, FL 33830 US

Title: ADM () Delete
Name: REYNOLDS, BRITTANY ADMIN T
Address: 1020 CARVER AVENUE
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WALKER, ROMERIO L ADMIN
Address: 1020 CARVER AVENUE
City-St-Zip: BARTOW, FL 33830 US

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: ADM (X) Change () Addition
Name: DAVIS, TARA ADMIN
Address: P O BOX 733 (MAILING)
City-St-Zip: BARTOW, FL 33831

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: JOAN W HARRIS

PD

05/12/2008

Electronic Signature of Signing Officer or Director

_____ Date