## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## May 24, 2007 8:00 am **Secretary of State DOCUMENT # N03000010654** 05-24-2007 90002 007 \*\*\*\*70.00 FAITH OUTREACH DELIVERANCE MINISTRIES, INC. Principal Place of Business Mailing Address 802 E EMMA ST 802 E EMMA ST 4012 TAMPA, FL 33603 TAMPA, FL 33603 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05092007 Chq-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Numbe 51-0436500 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUCE, CHERRY L 802 E EMMA ST Street Address (P.O. Box Number is Not Acceptable) **TAMPA, FL 33603** City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE \_ Signature, typed or printed name of registered agent and tate it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May 8e Make check payable to Due by September 14, 2007 Trust Fund Contribution П Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Secretary & Director Delicia Bruce VD TITLE ☐ Delete M Addition TITLE Change HOUSE, JOE N NAME NAME 1412 E. Holland Avenue STREET ADDRESS 802 E EMMA ST STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33603 CITY-ST-ZIP ampa SD TITLE Delete TITLE reasurer Addition ☐ Change Darryl Anderson REEVES, JOHNNIE A NAME NAME 24 N. Avon Avenue 9602 BANYAN AVE UNIT A STREET ADDRESS STREET ADDRESS CITY-ST-7IP TAMPA, FL 33612 CITY-ST-ZIP ampa, FL 33603 Delete rector TITLE Addition TITLE Change Linda Hopson NAME PALMER, SHIRLEY NAME 3402 E. Comanche Avenue STREET ADDRESS 5024 E SLIGH AVE APT D STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33617 CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BRUCE, CHERRY NAME STREET ADDRESS 802 E. EMMA ST STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33603 CITY-ST-7!P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TED MAKE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone I

**FILED**