

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001863

FILED
Apr 19, 2006
Secretary of State

Entity Name: INTERNAL LIFE DELIVERANCE OUTREACH, INC

Current Principal Place of Business:

3006 CARVER STREET
FT. PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

3006 CARVER STREET
FT. PIERCE, FL 34947 US

New Mailing Address:

FEI Number: 11-3715137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOUNG-BROWN, BEVERLY C
3006 CARVER STREET
FT. PIERCE, FL 34947 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: P () Delete
Name: YOUNG-BROWN, BEVERLY C
Address: 3006 CARVER STREET
City-St-Zip: FT. PIERCE, FL 34947 US

Title: S () Delete
Name: BROWN, FREDDIE L
Address: 3006 CARVER STREET
City-St-Zip: FT. PIERCE, FL 34947 US

Title: T () Delete
Name: TINDALL, SHIRLEY
Address: 1915 WYOMING AVE.
City-St-Zip: FT. PIERCE, FL 34947 US

Title: O () Delete
Name: KNIGHT, JENNIFER
Address: 1805 NORTH 16TH COURT
City-St-Zip: FT. PIERCE, FL 34950

Title: O () Delete
Name: DOSSOUS, ADELINE
Address: 1411 ORANGE AVE
City-St-Zip: FT. PIERCE, FL 34950

Title: O () Delete
Name: BRUNSON, WILLIE
Address: 1400 SOUTH 11TH STREET
City-St-Zip: FT. PIERCE, FL 34947

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 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: BEVERLY BROWN

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date