

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

DOCUMENT# N04000003582

**Entity Name:** PAHOKEE DELIVERANCE CHRISTIAN CENTER INCORPORATED OF PAHOKEE

**Current Principal Place of Business:**

318 SEMINOLE CT  
PAHOKEE, FL

**New Principal Place of Business:**

168 E 4TH STREET  
PAHOKEE, FL

**Current Mailing Address:**

318 SEMINOLE CT  
PAHOKEE, FL

**New Mailing Address:**

**FEI Number:** 65-1225805      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HICKMAN, WILLIE L JR  
318 SEMINOLE CT  
PAHOKEE, FL      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: HICKMAN, WILLIE L  
Address: 318 SEMINOLE CT  
City-St-Zip: PAHOKEE, FL

Title: T      ( ) Delete  
Name: DALEY, CENTIL  
Address: 436 N COCONUT RD  
City-St-Zip: PAHOKEE, FL 33476

Title: T      ( ) Delete  
Name: FOLSTON, J.C.  
Address: 505 W BAINES TERR  
City-St-Zip: PHOKEE, FL 33476

Title: S      ( ) Delete  
Name: FOLSTON, ANGELINE  
Address: 505 W BAINES TERR  
City-St-Zip: PAHOKEE, FL 33476

Title: T      ( ) Delete  
Name: HOPSON, VERA  
Address: 390 E 2 ST  
City-St-Zip: PAHOKEE, FL 33476

**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:

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: WILLIE HICKMAN, JR

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

O

04/28/2008

\_\_\_\_\_  
Date