

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90047 001 ****61.25
02-01-2007 90047 002 *****5.00
02-01-2007 90047 003 *****8.75



1st MOORE CR2E037 (10/06)

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # N04811 1. Entity Name EVANGELISTIC DELIVERANCE MINISTRY, INC. | | | | | |
| Principal Place of Business 111 HARLEE STREET MARION SC 29571 US | | | Mailing Address 612 PEARL STREET MARION SC 29571 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 02-0750623 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent JONES, DAVID A 5440 CALLOWAY COURT JACKSONVILLE FL 32209 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution: <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | PAST JONES, DAVID A 5440 CALLOWAY COURT JACKSONVILLE FL 32209 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | APAS JONES, ARHALIA B 5440 CALLOWAY COURT JACKSONVILLE FL 32209 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | T JONES, ARHALIA 5440 CALLOWAY COURT JACKSONVILLE FL 32209 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | S CORING, TOMEKEIA POST OFFICE BOX 2622 PALATKA FL 32178 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DEAC FELTON, DOUGLAS 994 BRUEN STREET ST. AUGUSTINE FL 32084 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | JANETTE WALKER 235 DIXON STREET MULLINS S.C. 29574 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | GAIL DEWITT 308 LINCOLN PLACE MULLINS, S.C. 29574 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or 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: *David A. Jones* **DAVID Alan Jones** **01/24/07 (843) 423-5039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #