

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04811

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** EVANGELISTIC DELIVERANCE MINISTRY, INC.

**Current Principal Place of Business:**

4023 B BYRNES  
4023 B  
ST.STEPHEN, SC 29479 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 517  
SCRANTON, SC 29591 US

**New Mailing Address:**

**FEI Number:** 02-0750623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, DAVID A  
5440CALLOWAY COURT  
JACKSONVILLE, FL 32209 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: PAST  
Name: JONES, DAVID A  
Address: HWY.52, HOUSE 2717  
City-St-Zip: SCRANTON, SC 29591

Title: SEC.  
Name: CONYERS, TAMIKA  
Address: 110ROBERTST.  
City-St-Zip: MANNING, SC 29102

Title: TREA  
Name: ELLEBEE, BESSIE  
Address: 504 BAKER STREET  
City-St-Zip: MARION, SC 29571

Title: ASST  
Name: JOHN, HENRY TAYLOR  
Address: P.O. BOX 412  
City-St-Zip: LADSON, SC 29456

I hereby 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 all other like empowered.

SIGNATURE: DAVID A. JONES

PAST

02/10/2011

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

\_\_\_\_\_  
Date