

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000096

FILED
Apr 17, 2009
Secretary of State

Entity Name: GOD'S MIRACLE HEALING FOUNTAIN DELIVERANCE CHURCH INC.

Current Principal Place of Business:

3720 WILLIAMS LANDING CIRCLE, BLDG 1
APT # 307
TAMPA, FL 336109130 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 0711
MANGO, FL 335500711 US

New Mailing Address:

FEI Number: 14-1919727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWES, VINSON
3720 WILLIAMS LANDING CIRCLE, BLDG 1
APT # 307
TAMPA, FL 336109130 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: D () Delete
Name: OWES, VINSON
Address: 3720 WILLIAMS LANDING CIRCLE, BLDG 1, #307
City-St-Zip: TAMPA, FL 336109130 US

Title: D () Delete
Name: LYNCH, GARY R
Address: 224 OAK LANE
City-St-Zip: TAMPA, FL 33610 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VINSON OWES

DIRE

04/17/2009

Electronic Signature of Signing Officer or Director

Date