

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000676

FILED
Jan 08, 2008
Secretary of State

Entity Name: PENTECOSTAL INTERNATIONAL DELIVERANCE MINISTRY OF FORT WALTON BEACH FL INC.

Current Principal Place of Business:

206 HICKORY STREET
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

206 HICKORY STREET
FT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 26-0096338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL, ANNIE B
305 NW DATES AVE
FT WALTON BEACH, FL 32548 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: NEAL, ANNIE
Address: 305 NW DATES AVE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: O () Delete
Name: LEWIS, GLORIA
Address: 305 NW DATES AVE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: O () Delete
Name: BROWN, ANTOINE
Address: 69 BUCHANAN COURT
City-St-Zip: FT WALTON BEACH, FL 32548

Title: O () Delete
Name: SWANIGAN, LILLIAN R
Address: 69 BUCHANAN COURT
City-St-Zip: FT WALTON BEACH, FL 32548

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:

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: ANNIE B. NEAL

PRES

01/08/2008

Electronic Signature of Signing Officer or Director

Date