

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000732

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** FREEDOM IN CHRIST DELIVERANCE MINISTRIES INC.

**Current Principal Place of Business:**

1652 HAWTHORNE PL  
WELLINGTON, FL 334148663

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2458  
WEST PALM BEACH, FL 334022458

**New Mailing Address:**

**FEI Number:** 02-0726673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PORTER, FREDDIE D  
1652 HAWTHORNE PL  
WELLINGTON, FL 334148663 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: CD ( ) Delete  
Name: PORTER, FREDDIE D  
Address: 1652 HAWTHORNE PLACE  
City-St-Zip: WELLINGTON, FL 334148663

Title: D ( ) Delete  
Name: PORTER, TERESA A  
Address: 1652 HAWTHORNE PLACE  
City-St-Zip: WELLINGTON, FL 334148663

Title: D ( ) Delete  
Name: MARTIN, CHERRIE  
Address: 1652 HAWTHORNE PLACE  
City-St-Zip: WELLINGTON, FL 334148663

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: MORRIS, PATRICK  
Address: 2201 SEASIDE DRIVE  
City-St-Zip: GREENACRES, FL 33463

Title: D ( ) Change (X) Addition  
Name: MORRIS, CHARLOTTE  
Address: 2201 SEASIDE DRIVE  
City-St-Zip: GREENACRES, FL 33463

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: FREDDIE PORTER

PD

04/30/2008

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

\_\_\_\_\_  
Date