2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004110

FILED Mar 28, 2009 Secretary of State

Entity Name: THE NEW UNIVERSAL CHURCH OF DELIVERANCE, INC.

Current Principal Place of Business: New Principal Place of Business: 3400 RANDOLPH STREET 841 RAINTREE AVENUE MELBOURNE, FL 32901 ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** 841 RAINTREE AVENUE ROCKLEDGE, FL 32955 FEI Number: 54-2171968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALKER, DERRICK R 841 RAINTREE AVENUE US ROCKLEDGE, FL 32955 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WALKER, DERRICK R Name: Name: 841 RAINTREE AVENUE Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: () Delete Title: () Change () Addition WALKER, LENEL Name: Name: Address: 841 RAINTREE AVENUE Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: () Delete Title: (X) Change () Addition JONES, DONALD DEACON Name: JONES, DONALD DEACON Name: 2115 WASHINGTON ST., APT. B 799 EMERSON DRIVE Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: PALM BAY, FL 32907 Title: () Delete Title: (X) Change () Addition Name: BLETCHER, RYAN Name: SERVANT, SHAMIA 514 MALABAR ROAD, #202 814 CYNTHIA STREET SE Address: Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32909 Title: () Delete Title: (X) Change () Addition SERVANT, SHAKAMI SERVANT, SHAKAMI Name: Name: 814 CYNTHIA STREET SE 3525 RANDOLPH STREET Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: PALM BAY, FL 32909 Title: () Delete Title: () Change (X) Addition DAVIS, HENRIETTA Name: Name: Address: Address: **524 ROBERTS STREET** MELBOURNE, FL 32901 City-St-Zip: 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: HENRIETTA DAVIS D 03/28/2009