

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007764

FILED  
Jul 27, 2007  
Secretary of State

Entity Name: MISSION DELIVERANCE, INC.

## Current Principal Place of Business:

12811 N NEBRASKA AVE UNIT G  
TAMPA, FL 33612

## New Principal Place of Business:

10406 HARTTS DR.  
TAMPA, FL 33617 US

## Current Mailing Address:

10406 HARTTS DR  
TAMPA, FL 33617

## New Mailing Address:

10406 HARTTS DR  
TAMPA, FL 33617 US

FEI Number: 41-2180576      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

ELDER, TOLLIE H  
10406 HARTTS DR  
TAMPA, FL 33617 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: DP ( ) Delete  
Name: ELDER, JACKIE  
Address: 10406 HARTTS DR.  
City-St-Zip: TAMPA, FL 33617

Title: DST ( ) Delete  
Name: RAMSEY, LOIS  
Address: 19208 ALICE CIR  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: PHILPOTT, PHYLLIS  
Address: 1518 CLEMENT RD LOT 12  
City-St-Zip: LUTZ, FL 33549

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ELDER, TOLLIE H  
Address: 10406 HARTTS DR.  
City-St-Zip: TAMPA, FL 33617

Title: DST (X) Change ( ) Addition  
Name: RAMSEY, LOIS  
Address: 19208 ALICE CIR  
City-St-Zip: LUTZ, FL 33549 US

Title: D (X) Change ( ) Addition  
Name: ELDER, JACKIE  
Address: 10406 HARTTS DR.  
City-St-Zip: TAMPA, FL 336173412 US

Title: D ( ) Change (X) Addition  
Name: STEPHENS, RALPH  
Address: 1419 W. WATERS AVE.,, SUITE 115  
City-St-Zip: TAMPA, FL 336042852 US

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: TOLLIE H. ELDER

PD

07/27/2007

Electronic Signature of Signing Officer or Director

Date