


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N05000007764 |  |
| 1. Entity Name MISSION DELIVERANCE, INC. | |

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|---|--|
| Principal Place of Business 10406 HARTTS DR. TAMPA, FL 33617 US | Mailing Address 10406 HARTTS DR TAMPA, FL 33617 US |
|---|--|

DO NOT WRITE IN THIS SPACE



02052008 No Chg-NP CR2E037 (4/08)

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|---|--|
| 4. FEI Number 41-2180576 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**ELDER, TOLLIE H
10406 HARTTS DR
TAMPA, FL 33617**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ELDER, TOLLIE H 10406 HARTTS DR. TAMPA, FL 33617 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST RAMSEY, LOIS 19208 ALICE CIR LUTZ, FL 33549 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELDER, JACKIE 10406 HARTTS DR. TAMPA, FL 336173412 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEPHENS, RALPH 1419 W. WATERS AVE., SUITE 115 TAMPA, FL 336042852 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000825021
02/20/08-80103-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

| | | |
|---|---------------|---------------------|
| SIGNATURE  | 2/6/08 | 813 610 3450 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |