


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90191 026 ****70.00

DOCUMENT # N05000008397					
1. Entity Name CHRIST'S COMPASSIONATE DELIVERANCE CENTER, INC.					
Principal Place of Business 3370 W BROWARD BLVD FORT LAUDERDALE, FL 33312			Mailing Address 1725 NW 4TH STREET POMPANO BEACH, FL 33069		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-0126115	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANION, ERNEST M 2016 NW 14TH AVENUE FORT LAUDERDALE, FL 33311				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME CANION, RUFUS M JR STREET ADDRESS 2725 NW 4TH STREET CITY-ST-ZIP POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete		TITLE D NAME Aiston, Alicia STREET ADDRESS 7408 SW 11th Court CITY-ST-ZIP North Lauderdale, FL 33068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME CANION, BRENDA R STREET ADDRESS 7625 NE 4TH STREET CITY-ST-ZIP POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete		TITLE D NAME Aiston, Lawrence STREET ADDRESS 7408 SW 11th Court CITY-ST-ZIP North Lauderdale, FL 33068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME CANION, ERNEST M STREET ADDRESS 2016 NW 14TH AVE CITY-ST-ZIP FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		TITLE S/D NAME Bryant, Jimmy D STREET ADDRESS 540 NW 4th Ave Apt. 2202 CITY-ST-ZIP FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DARRISAW, MARY B STREET ADDRESS 920 NW 2ND STREET, APT. 1 CITY-ST-ZIP FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CANION, ELIZABETH D STREET ADDRESS 1725 NW 4TH STREET CITY-ST-ZIP POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BRYANT, JIMMY D STREET ADDRESS 540 NW 4TH AVE APT 2202 CITY-ST-ZIP FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Brenda R. Canion</i> Brenda R Canion 4/18/07 954-651-8670					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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