2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008397

FILED Mar 31, 2009 Secretary of State

Entity Name: CHRIST'S COMPASSIONATE DELIVERANCE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 3370 W BROWARD BLVD FORT LAUDERDALE, FL 33312 **Current Mailing Address: New Mailing Address:** 1725 NW 4TH STREET 3290 NW 14TH COURT FORT LAUDERDALE, FL 33311 POMPANO BEACH, FL 33069 FEI Number: 26-0126115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CANION, ERNEST M 2016 NW 14TH AVENUE FORT LAUDERDALE, FL 33311 US 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 CANION, RUFUS M JR Name: Name: 1725 NW 4TH STREET Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: () Delete Title: (X) Change () Addition CANION, BRENDA R Name: CANION, BRENDA R Name: Address: 1725 NE 4TH STREET Address: 1725 NW 4TH STREET City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: POMPANO BEACH, FL 33069 Title: VD () Delete Title: () Change () Addition CANION, ERNEST M Name: Name: Address: 2016 NW 14TH AVE Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition Name: DARRISAW, MARY B Name: DARRISAW, MARY B 920 NW 2ND STREET, APT. 1 Address: 920 NW 2ND STREET, APT. 1 Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33311 Title: () Delete Title: (X) Change () Addition CANION, ELIZABETH D CANION, ELIZABETH D Name: Name: 540 NW 4TH AVE APT 2292 540 NW 4TH AVE APT 2202 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33311 Title: () Delete Title: () Change () Addition BRYANT, JIMMY D Name: Name: Address: 540 NW 4TH AVE APT 2202 Address: FORT LAUDERDALE, FL 33311 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: BRENDA R CANION D 03/31/2009