2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009391

Apr 30, 2008 Secretary of State

Entity Name: CHURCH OF DELIVERANCE, PULLING DOWN STRONGHOLDS, DESTROYING, YOKES OUTREACH,

HEALING, MIRACLES, MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

1622 N.E. 18TH PLACE 1801 N.E. 23RD AVENUE GAINESVILLE, FL 32609

SUITE D-4

GAINESVILLE, FL 32609

Current Mailing Address: New Mailing Address:

1801 N.E. 23RD AVENUE 1622 N.E. 18TH PLACE GAINESVILLE, FL 32609

SUITE D-4

GAINESVILLE, FL 32609

FEI Number: 27-0130825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GANDY, PATRINA GANDY, PATRINA 722 N.W. 4TH AVENUE 1360 N.É. 31ST PLACE

GAINESVILLE, FL 32601 US US GAINESVILLE, FL 32609

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: 04/30/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete GANDY, WILLIAM APOSTLE GANDY, WILLIAM APOSTLE Name: Name: 722 N.W. 4TH AVENUE Address: 1360 N.E. 31ST PLACE Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32609

Title: () Delete Title: (X) Change () Addition GANDY, PATRINA PASTOR Name: Name: GANDY, PATRINA PASTOR Address: 722 N.W. 4TH AVENUE Address: 1360 N.E. 31ST PLACE City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32609

Title: () Delete Title: (X) Change () Addition

ROSS, CONRONON Name: ROSS, CONRONON Name: 2645 NW 42ND PLACE 3316 S.E. 23RD AVENUE Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32641

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: PATRINA GANDY PAST 04/30/2008