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Secretary of State

04-26-2007 90225 007 ****82.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000002559

1. Entity Name
EARNEST STOUDEMIRE DELIVERANCE MINISTRY, INC.

Principal Place of Business	Mailing Address
2454 LISA STREET LAKE WALES, FL 33853	2454 LISA STREET LAKE WALES, FL 33853

04132007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	24 55 Lisa St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Lake Wales Fl.
Zip / Country	Zip: 33898 / Country

4. FEI Number: 20-4510435 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOUDEMIRE, EARNEST 2455 LISA STREET LAKE WALES, FL 33853	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STOUDEMIRE, EARNEST 2454 LISA STREET LAKE WALES, FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Stoudemire Earnest 2455 Lisa St Lake Wales, Fl. 33898	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V STOUDEMIRE, PATSY 2454 LISA STREET LAKE WALES, FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Stoudemire Patsy 2455 Lisa St. Lake Wales Fl. 33898	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LIASON-DAVIS, LASONJA 1019 TOWER BLVD. LAKE WALES, FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, SHELIA 2753 ROCHELLE DRIVE WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Williams, Sheila. 313 James, Cir. Lake Alfred, Fl. 33850	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M FOSTER, SHELIA 2753 ROCHELLE DRIVE WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Foster, Sheila 313 James Cir Lake Alfred Fl. 33850	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M NEALY, ALGREE 76 "A" STREET WAVERLY, FL 33877	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Nealy Algree P.O. Box 285 Waverly Fl. 33877	☑ Change ☐ 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: Earnest Stoudemire 4-23-07 863-676-3519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Earnest Stoudemire