

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

04-14-2008 90056 003 ****61.25

DOCUMENT # N06000002559																	
1. Entity Name EARNST STOUDMIRE DELIVERANCE MINISTRY, INC.																	
Principal Place of Business 2454 LISA STREET LAKE WALES, FL 33853			Mailing Address 2454 LISA STREET LAKE WALES, FL 33853														
2. Principal Place of Business - No P.O. Box # 2455 LISA ST			3. Mailing Address 2455 LISA ST														
Suite, Apt. #, etc.			Suite, Apt. #, etc.														
City & State Lake Wales, FL			City & State Lake Wales, FL														
Zip 33898		Country U.S.	Zip 33898		Country U.S.												
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 STOUDMIRE, EARNST 2455 LISA STREET LAKE WALES, FL 33853			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when electing) DATE _____																	
Filing Fee is \$61.25 Due by May 1, 2008		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																	
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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: <i>Earnst Stoudmire</i>		Date: <i>5/8/08</i>		Daytime Phone #: <i>863-676-3577</i>													