

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002559

FILED
Mar 12, 2009
Secretary of State

Entity Name: EARNEST STOUEMIRE DELIVERANCE MINISTRY, INC.

Current Principal Place of Business:

2455 LISA STREET
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

2455 LISA STREET
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: 20-4510435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOUEMIRE, EARNEST
2455 LISA STREET
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: STOUEMIRE, EARNEST
Address: 2455 LISA ST
City-St-Zip: LAKE WALES, FL 33898

Title: V () Delete
Name: STOUEMIRE, PATSY
Address: 2455 LISA ST
City-St-Zip: LAKE WALES, FL 33898

Title: S () Delete
Name: LIASON-DAVIS, LASONJA
Address: 1019 TOWER BLVD.
City-St-Zip: LAKE WALES, FL 33853

Title: T () Delete
Name: WILLIAMS, SHELIA
Address: 2753 ROCHELLE DRIVE
City-St-Zip: LAKE ALFRED, FL 33850

Title: M () Delete
Name: FOSTER, SHELIA
Address: 2753 ROCHELLE DRIVE
City-St-Zip: LAKE ALFRED, FL 33850

Title: M () Delete
Name: NEALY, ALGREE
Address: 76
City-St-Zip: WAVERLY, FL 33877

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: PATSY STOUEMIRE

V

03/12/2009

Electronic Signature of Signing Officer or Director

Date