2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2010
Secretary of State

DOCUMENT# N06000002559

Entity Name: EARNEST STOUDEMIRE 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:

STOUDEMIRE, 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
Name: STOUDEMIRE, EARNEST
Address: 2455 LISA ST
City-St-Zip: LAKE WALES, FL 33898

Title: V
Name: STOUDEMIRE, PATSY
Address: 2455 LISA ST
City-St-Zip: LAKE WALES, FL 33898

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATSY STOUDEMIRE V 04/02/2010

Electronic Signature of Signing Officer or Director Date