

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006969

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** YAHWEH MINISTRIES OF DELIVERANCE, INC.

**Current Principal Place of Business:**

37314 OXFORD STREET  
HILLIARD, FL 32046

**New Principal Place of Business:**

541492 LEM TURNER ROAD  
CALLAHAN, FL 32011

**Current Mailing Address:**

P.O. BOX 1115  
HILLIARD, FL 32046

**New Mailing Address:**

**FEI Number:** 74-3166240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DONLEY, TIFFANY  
37314 OXFORD STREET  
HILLIARD, FL 32046 US

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

DONLEY, TIFFANY  
541492 LEM TURNER RD  
CALLAHAN, FL 32011 US

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: \_\_\_\_\_

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DONLEY, CRAIG DIONNA  
Address: 37314 OXFORD STREET  
City-St-Zip: HILLIARD, FL 32046

Title: S ( ) Delete  
Name: MCDANIEL, NICOLE  
Address: 45489 JONES WAY  
City-St-Zip: CALLAHAN, FL 32046

Title: T ( ) Delete  
Name: DONLEY, TIFFANY  
Address: 37314 OXFORD STREET  
City-St-Zip: HILLIARD, FL 32046

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DONLEY, CRAIG D  
Address: 541492 LEM TURNER ROAD  
City-St-Zip: CALLAHAN, FL 32011

Title: S (X) Change ( ) Addition  
Name: DUPREE, LORETTA  
Address: 424 ADMIRALS WALK  
City-St-Zip: ST. MARYS, GA 31558

Title: T (X) Change ( ) Addition  
Name: DONLEY, TIFFANY M  
Address: 541492 LEM TURNER ROAD  
City-St-Zip: CALLAHAN, FL 32011

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: TIFFANY DONLEY

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date