

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