

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006969

FILED
Feb 24, 2009
Secretary of State

Entity Name: YAHWEH MINISTRIES OF DELIVERANCE, INC.

Current Principal Place of Business:

45035 NEW OLGIVIE ROAD
SUITE#4
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

45035 NEW OLGIVIE ROAD
SUITE#4
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 74-3166240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DONLEY, TIFFANY M
541492 LEM TURNER RD
CALLAHAN, FL 32011 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: P () Delete
Name: DONLEY, CRAIG D
Address: 541492 LEM TURNER ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: S () Delete
Name: ARMSTRONG, MELISSA
Address: 13 CLAY STREET
City-St-Zip: FOLKSTON, GA 32046

Title: CFO () Delete
Name: DONLEY, TIFFANY M
Address: 541492 LEM TURNER ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: T (X) Delete
Name: EDWARDS, VIRGINIA
Address: 37495 NEW OAK STREET
City-St-Zip: HILLIARD, FL 32046

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
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: TIFFANY DONLEY

CFO

02/24/2009

Electronic Signature of Signing Officer or Director

Date