


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90124 001 *****8.75
05-28-2008 90124 002 *****61.25

DOCUMENT # N06000008568 1. Entity Name FAITH LIFE DELIVERANCE MINISTRIES, INC.					
Principal Place of Business 250 NORTH WEST 31 AVE POMPANO BEACH FL 33069 BR			Mailing Address 1330 BANKS ROAD APT. 102 MARGATE FL 33063 BR		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 3771 ENVIRON BLVD. 545 City & State LAUDERHILL FL			
City & State LAUDERHILL FL		4. FEI Number 72-1619810		Applied For <input type="checkbox"/> Not Applicable	
Zip 33319		Country FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOBLEY, SAMUEL SR. 1330 BANKS ROAD APT. 102 MARGATE FL 33063			7. Name and Address of New Registered Agent Name MOBLEY SAMUEL SR. Street Address (P.O. Box Number is Not Acceptable) 3771 ENVIRON BLVD. APT. 545 City LAUDERHILL		
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE P		NAME MOBLEY, SAMUEL SR.		<input type="checkbox"/> Delete	
STREET ADDRESS 1330 BANKS ROAD APT. 102		CITY-ST-ZIP MARGATE FL 33063		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP		NAME MOBLEY, FRANCES S		<input type="checkbox"/> Delete	
STREET ADDRESS 1330 BANKS ROAD APT. 102		CITY-ST-ZIP MARGATE FL 33063		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC.		NAME BLACKMON, VERJEAN		<input type="checkbox"/> Delete	
STREET ADDRESS 1661 NORTH EAST 55 STREET		CITY-ST-ZIP FT. LAUDERDALE FL 33334		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 		NAME 		<input type="checkbox"/> Delete	
STREET ADDRESS 		CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 		NAME 		<input type="checkbox"/> Delete	
STREET ADDRESS 		CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 		NAME 		<input type="checkbox"/> Delete	
STREET ADDRESS 		CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE _____

4-25-08