

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009470

FILED
Apr 07, 2009
Secretary of State

Entity Name: EXODUS INTERNATIONAL DELIVERANCE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

650 W 36TH STREET
RIVIERA BEACH, FL 334042117

New Principal Place of Business:

Current Mailing Address:

650 W 36TH STREET
RIVIERA BEACH, FL 334042117

New Mailing Address:

FEI Number: 20-5587807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, EVELYN W DR
650 W 36TH STREET
RIVIERA BEACH, FL 334042117 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: ELLIOT, HAROLD
Address: 4985 PINE CONE LANE
City-St-Zip: WEST PALM BEACH, FL 33427

Title: VP () Delete
Name: PARKER, MYRTIS
Address: 1070 26TH COURT
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T () Delete
Name: PARKER, JOANN
Address: 5662 PARKER AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S () Delete
Name: WILSON, PRICILLA
Address: 1311 AVENUE T
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: SHANNON, MATTIE DR.
Address: 1009 A-3 GREENPINE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: JONES, CARLA
Address: P.O. BOX 771445
City-St-Zip: OCALA, FL 34477

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:

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: EVELYN W. MILLER

DR.

04/07/2009

Electronic Signature of Signing Officer or Director

Date