

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010995

FILED  
May 04, 2007  
Secretary of State

**Entity Name:** REBIRTH DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

5401 ALHAMBRA DRIVE SUITE B  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

7611 SOUTH ORANGE BLOSSOM TRAIL #272  
C/O FELISA MCNAIR  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 20-5757706      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MCNAIR, FELISA L  
5014 SHOSHONE STREET  
ORLANDO, FL 32809 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: D ( ) Delete  
Name: MCNAIR, FELISA L  
Address: 5014 SHOSHONE STREET  
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete  
Name: CUMMINGS, TONYA M  
Address: 405 VALENCIA DR  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: MCCREE, BOBBY  
Address: 539 CYPRESS TREE COURT  
City-St-Zip: ORLANDO, FL 32825

Title: S ( ) Delete  
Name: GANIOUS, ANITA  
Address: 6912 RIVER OAKS DRIVE BUILDING G APT 104  
City-St-Zip: ORLANDO, FL 32818

**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: FELISA MCNAIR

D

05/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date