2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2008
Secretary of State

DOCUMENT# N06000010995

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 ( )**
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 05/04/2008

Electronic Signature of Signing Officer or Director — Date