## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N07000000084** 

## 5/1/2008-90198-049-\$70.00-\$70.00

FILELI SECRETARY OF STATE DIVISION OF CORPORATIONS

GOD'S CHURCH OF DELIVERANCE INTERNATIONAL INC 08 JUN -6 AM 9: 14 Principal Place of Business Maifing Address 1255 N. PINE HILLS AVENUE PO BOX 555096 ----ORLANDO, FL 32818 ORLANDO, FL 32855 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Sulte, Apt. #, etc. 04242008 Chg-NP CR2E037 (12/06) Applied For Not Applicable City & State City & State 4. FEI Number Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARVEY, JULIET 4717 WYRESDALE STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32808 Zip Code 5. 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 (NOTE: Registered Agent signature required DATE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be Added to Fees 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE ☐ Addition ☐ Chance JOHNSON, MCCLINE NAME NAME PO BOX 555096 STREET ADDRESS STREET ADDRESS ORLANDO, FL: .32855 CITY-ST-ZIP CITY - ST - 71P MLE ☐ Delete TITLE Johnson TANGANICA 3212 Shady Willow Drive Change CORBETT, TANGANICA NAME NAME 3212 SHADY WILLOW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP orlando, Florida 32808 MLE Oelete TITLE ☐ Change ☐ Addition HARVEY, JULIET NAME HAME **4717 WYRESDALE STREET** STREET ADDRESS STREET ADDRESS CITY-SI-ZP ORLANDO, FL 32808 CITY-ST-ZIP TITLE TITLE Odde Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTY-51-79 CITY-ST-72P MILE ☐ Delete NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate end 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 517. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an application, the result of the corporation or the receiver.

CITY+ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME Street Address

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

Q11Y-\$1-2#

TITLE

SMATURE AND TYPED WE PRATTED HAVE OF BICHING OFFICER ON DIRECTOR

□ Detete

4-25-08 (407)591-1

☐ Change

☐ Addition