2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000002214				FILED
1. Entity Name APOSTOLIC DELIVERANCE MINISTRIES, INC.				08 MAY 23 AM 11: 24
Principal Place of Business 3200 DIXIE HIGHWAY SUITE #6 PALM BAY, FL 32905		Mailing Address 3200 DIXIE HIGHWAY SUITE #6 PALM BAY, FL 32905		TALL AHASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box # 2.908 Harbor & Hy Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. 8477 Americana Blud		02192008 Chg-NP CR2E037 (12/06)
City & State Melbourne F1. Zip Country		Paln Bay, F/. Zip Country		4. FEI Number Applied For Not Applicable
32901	6. Name and Address of Current R	3290%	usA	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
1259 GIRALDA CIRCLE Street Address (Hmericana Blad
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	Pal	egistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typica or printed name of registered agent a	nd trief appricable (NOTE: F	EXANO legistered Agent signature	RIA KING 2/25/06 required when reinstating) OATE
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co		\$5.00 May Be Make check payable to Added to Fees Florida Department of State
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KING, TERRANCE 1259 GIRALDA CIRCLE PALM BAY, FL 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	King, Terrence 847 Americana Blvd Palm Bay, Fl. 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUFF, LARHONDA 1259 GIRALDA CIRCLE PALM BAY, FL 32907	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Huff Lakhonda. 847 Americana Blud Palm Bay, F1 32907
NAME STREET ADORESS CITY-ST-ZIP	D HUMES, CAMERON 2071 OLYMPIA AVENUE -PALM BAY, FL 32905	☐ Delete	NAME	Humes, Cameron 1071 Olympia Ave. Palm Bay Fl. 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$75/28	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 600130910576 06/05/0801037023 **61.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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 all other like empowered.				
SIGNATURE: TERAPUCE R. KTNG- 2/25/08 321-724-5809 Date Date Double Phone #				