

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003736

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: DIVINE DELIVERANCE OUTREACH INC.

## Current Principal Place of Business:

4721 SW 22ND PLACE  
OCALA, FL 34474

## New Principal Place of Business:

## Current Mailing Address:

4721 SW 22ND PLACE  
OCALA, FL 34474

## New Mailing Address:

FEI Number: 41-2235951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMMOND, JUDY C  
4721 SW 22ND PLACE  
OCALA, FL 34474 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: HAMMOND, JUDY C  
Address: 4721 SW 22ND PLACE  
City-St-Zip: OCALA, FL 34474

Title: S ( ) Delete  
Name: HAMMOND, DOUGLAS V  
Address: 4721 SW 22ND PLACE  
City-St-Zip: OCALA, FL 34474

Title: T ( ) Delete  
Name: CROWLEY, MICHELLE  
Address: 5001 SW 290TH ST.  
City-St-Zip: OCALA, FL 34474

Title: B ( ) Delete  
Name: BUTLER, JULIE  
Address: 10190 BRIDGE ROAD  
City-St-Zip: ONSTED, MI 49265

Title: B ( ) Delete  
Name: JACK, NIEDERMYER PASTOR  
Address: 20856 WALNUT ROAD  
City-St-Zip: DUNNELLON, FL 34431

## 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:

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: JUDY C. HAMMOND

P

02/25/2009

Electronic Signature of Signing Officer or Director

Date