

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004957

FILED
Apr 25, 2009
Secretary of State

Entity Name: GRACE & TRUTH HOLINESS DELIVERANCE CHURCH INC.

Current Principal Place of Business:

811 N. 17. 92
DAVENPORT, FL 33836

New Principal Place of Business:

811 N. US HWY 17. 92
DAVENPORT, FL 33836

Current Mailing Address:

566 PINEHURST COVE
KISSIMMEE, FL 34758

New Mailing Address:

556 PINEHURST COVE
KISSIMMEE, FL 34758

FEI Number: 61-0552147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLIVER, SR., LEE A BISHOP
556 PINEHURST COVE
KISSIMMEE, FL 34758 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: OLIVER, SR., LEE A BISHOP
Address: 556 PINEHURST COVE
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: OLIVER, SR., DOROTHY CO PAST
Address: 556 PINEHURST COVE
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: PORTER, JAMES DEACON
Address: 2027 PLEASANT ACRES
City-St-Zip: PLANT CITY, FL 33566

Title: T () Delete
Name: STEPHENS, KONYA
Address: 700 RAYALTY CT.
City-St-Zip: KISSIMMEE, FL 34758

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: T (X) Change () Addition
Name: WILLIAMS, KONYA TREAS
Address: 700 ROYALTY CT.
City-St-Zip: KISSIMMEE, FL 34758

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: LEE A. OLIVER SR.

D

04/25/2009

Electronic Signature of Signing Officer or Director

Date