2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007231

FILED May 03, 2008 Secretary of State

Entity Name: LOVE, TRUTH & DELIVERANCE OUTREACH MINISTRY, INC

Current Principal Place of Business: New Principal Place of Business: 5417 LENOX AVENUE JACKSONVILLE, FL 32205 **Current Mailing Address: New Mailing Address:** 5417 LENOX AVENUE JACKSONVILLE, FL 32205 FEI Number: 26-0556259 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: Name and Address of New Registered Agent: HUTCHINSON, LATANYA M HUTCHINSON, LATANYA M 1886 COLONIAL DRIVE 1862 OAKCHIME DRIVE GREEN COVE SPRINGS, FL 32043 US ORANGE PARK, FL 32065 US 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: LATANYA HUTCHINSON 05/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HUTCHINSON, DEWAYNE L HUTCHINSON, DEWAYNE L Name: Name: 1886 COLONIAL DRIVE Address: 1862 OAKCHIME DRIVE Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: ORANGE PARK, FL 32065 Title: () Delete Title: (X) Change () Addition HUTCHINSON, LATANYA M Name: HUTCHINSON, LATANYA M Name: Address: 1886 COLONIAL DRIVE Address: 1862 OAKCHIME DRIVE City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: ORANGE PARK, FL 32065 Title: **TREA** () Delete Title: () Change () Addition BOSTON, YVONNE Name: Name: 221 WEST 42ND STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: (X) Change () Addition Title: SEC () Delete Title: SMITH, SYLVIÁ Name: Name: COOPER, ROBYN 141 OLD ORANGE PARK RD. #129 Address: Address: P.O. BOX 154 City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: CALLAHAN, FL 32011 Title: () Delete Title: () Change () Addition TIMOTHY, JENNINGS Name: Name: 1937 WEST 25TH STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: Title: (X) Delete Title: () Change () Addition COOPER, ROBYN Name: Name: P.O. BOX 154 Address: Address: CALLAHAN, FL 32011 City-St-Zip: 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: LATANYA HUTCHINSON VP 05/03/2008