

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:

5417 LENOX AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5417 LENOX AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

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:

HUTCHINSON, LATANYA M
1886 COLONIAL DRIVE
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

HUTCHINSON, LATANYA M
1862 OAKCHIME DRIVE
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:

Title: P () Delete
Name: HUTCHINSON, DEWAYNE L
Address: 1886 COLONIAL DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP () Delete
Name: HUTCHINSON, LATANYA M
Address: 1886 COLONIAL DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TREA () Delete
Name: BOSTON, YVONNE
Address: 221 WEST 42ND STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: SEC () Delete
Name: SMITH, SYLVIA
Address: 141 OLD ORANGE PARK RD. #129
City-St-Zip: ORANGE PARK, FL 32073

Title: TR () Delete
Name: TIMOTHY, JENNINGS
Address: 1937 WEST 25TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: A (X) Delete
Name: COOPER, ROBYN
Address: P.O. BOX 154
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUTCHINSON, DEWAYNE L
Address: 1862 OAKCHIME DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: VP (X) Change () Addition
Name: HUTCHINSON, LATANYA M
Address: 1862 OAKCHIME DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: A (X) Change () Addition
Name: COOPER, ROBYN
Address: P.O. BOX 154
City-St-Zip: CALLAHAN, FL 32011

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: LATANYA HUTCHINSON

VP

05/03/2008

Electronic Signature of Signing Officer or Director

Date