

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007231

FILED  
Aug 31, 2010  
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:**

597 EDGEWOOD AVENUE SOUTH  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

5417 LENOX AVENUE  
JACKSONVILLE, FL 32205

**New Mailing Address:**

597 EDGEWOOD AVENUE SOUTH  
JACKSONVILLE, FL 32205

**FEI Number:** 26-0556259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUTCHINSON, LATANYA M  
1862 OAKCHIME DRIVE  
ORANGE PARK, FL 32065 US

**Name and Address of New Registered Agent:**

HUTCHINSON, LATANYA M  
400 E BAY STREET  
#508  
JACKSONVILLE, FL 32202 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

08/31/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HUTCHINSON, DEWAYNE L SR  
Address: 400 E BAY STREET # 508  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP  
Name: HUTCHINSON, LATANYA M  
Address: 400 E BAY STREET #508  
City-St-Zip: JACKSONVILLE, FL 32202

Title: TREA  
Name: KITCHEN, NATASHA  
Address: 2483 PARIS MILL RD  
City-St-Zip: JACKSONVILLE, FL 32221

Title: SECR  
Name: SMITH, CASSANDRA  
Address: 5928 FIRESTONE RD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: TRUS  
Name: MARTIN, MELVIN  
Address: 7266 LONGHORN CIRCLE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32244

Title: ASST  
Name: ADAMS, MONICA  
Address: 12264 DRIFT COURT  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby 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 all other like empowered.

SIGNATURE: LATANYA HUTCHINSON

VP

08/31/2010

Electronic Signature of Signing Officer or Director

Date