

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001770

FILED
Apr 29, 2009
Secretary of State

Entity Name: JESUS CHRIST DELIVERANCE OUTREACH CENTER, INC.

Current Principal Place of Business:

5933 FLICKER AVENUE
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

5933 FLICKER AVENUE
JACKSONVILLE, FL 32219 US

New Mailing Address:

FEI Number: 26-1984309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KYLES, CHARLES C
11518 OTTERS BEN COURT E
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

KYLES, CHARLES C
5933 FLICKER AVENUE
JACKSONVILLE, FL 32219 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:

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KYLES, CHARLES C
Address: 11518 OTTERS BEN COURT E
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP () Delete
Name: CHANEY, ROBERT L
Address: 2149 WOODSIDE STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: SEC () Delete
Name: KYLES, RUBY L
Address: 11518 OTTERS BEN COURT E
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KYLES, CHARLES C
Address: 5933 FLICKER AVENUE
City-St-Zip: JACKSONVILLE, FL 32219

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

Title: SEC (X) Change () Addition
Name: COLEMAN, ANGELA C
Address: 1778 SPIRES AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

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: CHARLES C. KYLES

DIR.

04/29/2009

Electronic Signature of Signing Officer or Director

Date