2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N08000002282

Entity Name: A SHEPHERDS HEART DELIVERANCE MINISTRIES INC.

Current Principal Place of Business:

802 S. 9TH STREET
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 15565
FERNANDINA BEACH, FL 32055

New Mailing Address:

FEI Number: 20-4248649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, HARRIETT L PASTOR
802 SOUTH 9TH STREET
FERNANDINA BEACH, FL 32034 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: P ( ) Delete
Name: WILLIAMS, HARRIETT L PASTOR
Address: 802 S. 9TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S ( ) Delete
Name: BROWN, KIONA SISTER
Address: 2120 DAVIS STREET #D
City-St-Zip: JACKSONVILLE, FL 32209

Title: P ( ) Delete
Name: WALKER, SANDRA SISTER
Address: 4619 W RICO DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: WILLIAMS, TROY JR.
Address: 802 S. 9TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

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: ( ) 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: PASTOR H. WILLIAMS P 04/24/2009
Electronic Signature of Signing Officer or Director — Date