

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003560

FILED
Apr 28, 2011
Secretary of State

Entity Name: DELIVERANCE & HARVEST MINISTRIES, INC.

Current Principal Place of Business:

5014-26TH AVE. SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5014-26TH AVE. SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 65-1171161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUCKEBA, RALPH N DR.
5014-26TH AVE. SOUTH
GULFPORT, FL 33707 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
Name: HUCKEBA, RALPH N DR.
Address: 5014-26TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VP
Name: HUCKEBA, PATRICIA L MRS
Address: 5014-26TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VP
Name: LEPORE, ANGELA M MS
Address: 5014-26TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: AVP
Name: HUCKEBA, JONATHAN R
Address: 5014-26TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

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: DR RALPH N HUCKEBA

P

04/28/2011

Electronic Signature of Signing Officer or Director

Date