

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 23, 2009
Secretary of State**

DOCUMENT# N08000006609

Entity Name: CHURCH STREET DELIVERANCE HEALING OUTREACH MINISTRY FROM GOD, INC.

Current Principal Place of Business:

13795 SW 268TH STREET
NARANJA, FL 33032

New Principal Place of Business:

Current Mailing Address:

13795 SW 268TH STREET
NARANJA, FL, 33032

New Mailing Address:

13795 SW 268TH STREET
NARANJA, FL 33032

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

JONES, BERTHA
13795 SW 268TH STREET
NARANJA, FL 33032 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: JONES, BERTHA
Address: 13795 SW 268TH STREET
City-St-Zip: NARANJA, FL 33032

Title: VP () Delete
Name: EDGECOMB, CAROLYN
Address: 13795 SW 268TH STREET
City-St-Zip: NARANJA, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BERTHA JONES

P

07/23/2009

Electronic Signature of Signing Officer or Director

_____ Date