2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2009
Secretary of State

DOCUMENT# N08000007075

Entity Name: TRUE FAITH & DELIVERANCE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

314 S.W. ZIEGLER TERRACE
LAKE CITY, FL 32024

New Principal Place of Business:

810 S.W. ZIEGLER TERRACE
LAKE CITY, FL 32024

Current Mailing Address:

314 S.W. ZIEGLER TERRACE
LAKE CITY, FL 32024

New Mailing Address:

810 S.W. ZIEGLER TERRACE
LAKE CITY, FL 32024

FEI Number: 77-0690417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

FOSTER, SARAH
3908 BOWFIN TRAIL
KISSIMMEE, FL 34746 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: T ( ) Delete
Name: FOSTER, SARAH
Address: 3908 BOWFIN TRAIL
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete
Name: TUNSIL, DELURIS
Address: 847 SW DOCKERY LANE
City-St-Zip: LAKE CITY, FL 32024

Title: T ( ) Delete
Name: DEYAMPERT, THOMAS
Address: 171 SW TAMPA GLEN
City-St-Zip: FT WHITE, FL 32038

Title: T ( ) Delete
Name: BROWN, OTIS
Address: 662 S.W. ZIEGLER TERRACE
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: TUNSIL, DELORIS
Address: 847 SW DOCKERY LANE
City-St-Zip: LAKE CITY, FL 32024

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: SARAH FOSTER T 08/19/2009

Electronic Signature of Signing Officer or Director — Date