

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000175

FILED  
Jan 17, 2012  
Secretary of State

**Entity Name:** SUPERNATURAL TRUTH DELIVERANCE MINISTRIES INC.

**Current Principal Place of Business:**

3353 GRENVILLE DRIVE  
WINTER HAVEN, FL 33884 US

**New Principal Place of Business:**

**Current Mailing Address:**

3353 GRENVILLE DRIVE  
WINTER HAVEN, FL 33884 US

**New Mailing Address:**

**FEI Number:** 32-0251473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLMON, AVON L PH.D  
3353 GRENVILLE DRIVE  
WINTER HAVEN, FL 33884 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:** CEO  
**Name:** COLMON, AVON L PH.D  
**Address:** 3353 GRENVILLE DRIVE  
**City-St-Zip:** WINTER HAVEN, FL 33884 US

**Title:** VP  
**Name:** LESTER, HARVEY J PH.D  
**Address:** 5726 DEER TRACKS TRL  
**City-St-Zip:** LAKELAND, FL 33811 US

**Title:** SRVP  
**Name:** COLMON, JANICE DD  
**Address:** 3353 GRENVILLE DRIVE  
**City-St-Zip:** WINTER HAVEN, FL 33884 US

**Title:** TSEC  
**Name:** ISIDORE, GLENDA  
**Address:** 3054 SAINT PARK DRIVE  
**City-St-Zip:** WINTER HAVEN, FL 33880

**Title:** AV B  
**Name:** BROWN, REGINALD J  
**Address:** 2372 4TH STREET N.E.  
**City-St-Zip:** WINTER HAVEN, FL 33881

**Title:** AV B  
**Name:** BROWN, SANDRA  
**Address:** 2372 4TH STREET N.E.  
**City-St-Zip:** WINTER HAVEN, FL 33881

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. AVON L. COLMON

CEO

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date