

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002693

FILED  
Feb 14, 2012  
Secretary of State

**Entity Name:** SPIRIT OF THE LIVING GOD MIRACLE HEALING DELIVERANCE MINISTRIES, INC

**Current Principal Place of Business:**

9 WEST DARLINGTON AVENUE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

414 GARDEN ST.  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1714 KENYON CIRCLE  
G  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 80-0696990      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STEVENSON, VIVIAN PASTOR  
1714 KENYON CIRCLE  
G  
KISSIMMEE, FL 34741 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: STEVENSON, VIVIAN PASTOR  
Address: 1714 KENYON CIRCLE APT. G  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: P  
Name: MANNING, LEE E PASTOR  
Address: 1714 KENYON CR.  
City-St-Zip: KISSIMMEE, FL 34741 US

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: VIVIAN STEVENSON

P

02/14/2012

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

\_\_\_\_\_  
Date