

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20035

FILED
Feb 05, 2009
Secretary of State

Entity Name: THE PEOPLE'S CHURCH OF DELIVERANCE INC.

Current Principal Place of Business:

2356 COLSON AVE
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

% JOE L. WIGGS
1282 42 ST.
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 59-2803212 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WIGGS, JOE L.
1282 42ND ST
SARASOTA, FL 34234 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: WIGGS, JOE L.,
Address: 1282 42ND STREET
City-St-Zip: SARASOTA, FL US

Title: T () Delete
Name: NEWSOME, RICKY
Address: 1289 42ND STREET
City-St-Zip: SARASOTA, FL US

Title: T () Delete
Name: WIGGS, EVA N
Address: 1282 42ND STREET
City-St-Zip: SARASOTA, FL US

Title: S () Delete
Name: NEWSOME, JOYCE
Address: 1289 42ND ST
City-St-Zip: SARASOTA, FL 34234

Title: T () Delete
Name: KING, LILLIAN
Address: 4218 BRADENTON RD
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOE WIGGS

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date