

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 28, 2009
Secretary of State**

DOCUMENT# N25824

Entity Name: JESUS' DELIVERANCE TABERNACLE, INC.

Current Principal Place of Business:

17205 NE HWY 301
WALDO, FL 32694

New Principal Place of Business:

Current Mailing Address:

PO BOX 729
WALDO, FL 32694

New Mailing Address:

FEI Number: 59-2905626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, SARAH L
10307 S. 106TH AVE
GRAHAM, FL 32042 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: PD () Delete
Name: DAVIS, SAMUEL J.
Address: 17205 N.E. HWY 301
City-St-Zip: WALDO, FL 32694 US

Title: STD () Delete
Name: DAVIS, MARTHA S.
Address: 17205 N.E. HWY 301
City-St-Zip: WALDO, FL 32694

Title: VD () Delete
Name: DAVIS, GORDON A
Address: 10307 S 106TH AVE
City-St-Zip: GRAHAM, FL 32042 US

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:

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: MARTHA S. DAVIS

STD

02/28/2009

Electronic Signature of Signing Officer or Director

_____ Date