



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N28098	
1. Entity Name CRY OF DELIVERANCE OUTREACH AND MINISTRY, INC.	

Principal Place of Business 4589 LA VISTA DRIVE ORLANDO, FL 32808	Mailing Address 4589 LA VISTA DR. ORLANDO, FL 32808
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DO NOT WRITE IN THIS SPACE

	
04292008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 35-2225933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUTLEDGE, PRIMUS, JR. 4589 LA VISTA DR. ORLANDO, FL 32808	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>	
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUTLEDGE, PRIMUS JR. 4589 LA VISTA DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREEN, DOROTHY 4589 LAVISTA DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRYANT, MARILYN 4589 LAVISTA DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WANDA 3665 CHALET COURT ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLIDAY, JAMES 4589 LA VISTA DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLEDGE, ANNIE L 5970 NW COUNTY HWY 318 REDDICK, FL

000000945849
05/30/08-80025-007 61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Primus Rutledge</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-29-08</u> <u>407 286 4352</u> <small>Date Daytime Phone #</small>