2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38491

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business: PO BOX 2481 JACKSONVILLE, FL 32203 Current Mailing Address: PO BOX 2481 JACKSONVILLE, FL 32203 Current Mailing Address: New Mailing Address: PO BOX 2481 JACKSONVILLE, FL 32203 FEI Number: 59-3011441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VINING, ERNEST J 1407 IMESON ST JACKSONVILLE, FL 32204 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTIVE. Title: DCT () Delete Name: RAINEY, JUNELLE B, Name: RAINEY, JUNELLE B, Name: Address: City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: Name: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: JACKSONVILLE, FL CITY-St-Zip: JACKSONVIL	Entity Nan	ne: FIRST DI	ELIVERANCE CHURCH OF JA	ACKSONVILLE, INC.		
JACKSONVILLE, FL 32203 Current Mailing Address: PO BOX 2481 JACKSONVILLE, FL 32203 FEI Number: 59-3011441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VINING, ERNEST J 1407 IMESON ST JACKSONVILLE, FL 32204 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCT () Delete Name: RAINEY, JUNELLE B, Address: Address: Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: () Change () Addition Name: Address: Address: Address: 3223 NOLAN STREET Address:	Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
PO BOX 2481 JACKSONVILLE, FL 32203 FEI Number: 59-3011441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (3) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VINING, ERNEST J 1407 IMESON ST JACKSONVILLE, FL 32204 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Address: 4828 ARROWSMITH ROAD Address: 4828 ARROWSMITH ROAD Address: 4828 ARROWSMITH ROAD Address: 1237 ACORN ST ACORN ST ACORN ST Address: 1237 ACORN ST ACORN ST ACORN ST Address: 1237 ACORN ST ACORD ST ACORN ST ACORD ST AC						
JACKSONVILLE, FL 32203 FEI Number: 59-3011441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (2) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VINING, ERNEST J 1407 IMESON ST JACKSONVILLE, FL 32204 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCT () Delete Name: RAINEY, JUNELLE B, Name: Address: 4828 ARROWSMITH ROAD Address: 4828 ARROWSMITH ROAD Address: COBB, LOUISE, LOUISE, Name: Address: 1237 ACORN ST Address: 3223 NOLAN STREET Title: D/S () Delete Name: Address: 3223 NOLAN STREET Title: Name: Address: 3223 NOLAN STREET	Current Mailing Address:			New Mailing Address:		
Name and Address of Current Registered Agent: VINING, ERNEST J 1407 IMESON ST JACKSONVILLE, FL 32204 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date			203			
VINING, ERNEST J 1407 IMESON ST JACKSONVILLE, FL 32204 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	FEI Number:	59-3011441	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
1407 IMÉSON ST JACKSONVILLE, FL 32204 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
In the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	1407 IMÉS	ON ST	204 US			
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCT () Delete Name: RAINEY, JUNELLE B, Address: 4828 ARROWSMITH ROAD Address: City-St-Zip: JACKSONVILLE, FL Title: DT () Delete Title: () Change () Addition Name: COBB, LOUISE, Name: Address: 1237 ACORN ST City-St-Zip: JACKSONVILLE, FL Title: D/S () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D/S () Delete Title: () Change () Addition Name: Address: Address: S223 NOLAN STREET Address: Address: Address: Address: Address: Address:			submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCT () Delete	SIGNATUR					
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Name: RAINEY, JUNELLE B, Name: Address: 4828 ARROWSMITH ROAD Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: COBB, LOUISE, Name: Address: City-St-Zip: JACKSONVILLE, FL Address: JONES, ANNIE Name: JONES, ANNIE Name: Address: 3223 NOLAN STREET Address:	OFFICERS	AND DIREC	TORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS	
Name: COBB, LOUISE, Name: Address: 1237 ACORN ST Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: D/S () Delete Title: () Change () Addition Name: JONES, ANNIE Name: Address: 3223 NOLAN STREET Address:	Name: Address:	RAINEY, JUNE 4828 ARROWS	LLE B, SMITH ROAD	Name: Address:	() Change () Addition	
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	Name: Address:	JONES, ANNIE 3223 NOLAN S	TREET	Name: Address:	() Change () Addition	

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: JUNELLE B. RAINEY DCT 01/21/2009