

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38732

FILED
Jan 12, 2009
Secretary of State

Entity Name: THE ASSEMBLY OF DELIVERANCE (INC.)

Current Principal Place of Business:

551 N.W. 7TH AVE
MICANOPY, FL 32667 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 308
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 59-3017856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, WILLIAM E
11411 ST ROAD 24 #52
BRONSON, FL 32618 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: JONES, WILLIAM EDWARD
Address: 551 NW 7TH AVE
City-St-Zip: MICANOPY, FL 32667

Title: SD () Delete
Name: JONES, ANNIE L
Address: 11411 ST RD 24
City-St-Zip: ARCHER, FL 32618

Title: TD () Delete
Name: COWARD, BRENDDE
Address: 11015 E. 15TH STREET APT #86
City-St-Zip: GAINESVILLE, 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:

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: WILLIAM E. JONES

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date