2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N42387

Entity Name: CHRISTIAN DELIVERANCE CENTER, INC., OF JENNINGS, FLORIDA

Current Principal Place of Business:

P.O. BOX 456
JENNINGS, FL 32053

New Principal Place of Business:

1398 BERRY STREET
JENNINGS, FL 32053 US

Current Mailing Address:

P.O. BOX 456
JENNINGS, FL 32053

New Mailing Address:

P.O. BOX 456
JENNINGS, FL 32053 US

FEI Number: 59-3056402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRETT, CHARLES H.
NORTH HAMILTON ELEMENTARY SCHOOL
RT. 1, BOX 6
JENNINGS, FL 32053 US

Name and Address of New Registered Agent:

BARRETT, CHARLES H
1398 BERRY STREET
P.O. BOX 115
JENNINGS, FL 32053 US

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: CHARLES BARRETT 02/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BARRETT, STACIE C
Address: P.O BOX 115
City-St-Zip: JENNINGS, FL 32053

Title: D ( ) Delete
Name: BARRETT, SARAH G.,
Address: P.O. BOX 115 N/A
City-St-Zip: JENNINGS, FL

Title: D ( ) Delete
Name: ROBINSON, JAMES
Address: PO BOX 22 N/A
City-St-Zip: OLUSTEE, FL

Title: D ( ) Delete
Name: BARRETT, CHARLES H
Address: P.O. BOX 115 N/A
City-St-Zip: JENNINGS, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BARRETT, CHARLES H APOSTLE
Address: P.O BOX 115
City-St-Zip: JENNINGS, FL 32053 US

Title: D (X) Change ( ) Addition
Name: BARRETT, SARAH G PASTOR
Address: P.O. BOX 115
City-St-Zip: JENNINGS, FL 32053 US

Title: D (X) Change ( ) Addition
Name: ROBINSON, JAMES
Address: PO BOX 22 N/A
City-St-Zip: OLUSTEE, FL 32072 US

Title: D (X) Change ( ) Addition
Name: BARRETT, STACIE C
Address: P.O. BOX 115
City-St-Zip: JENNINGS, FL 32053 US

Title: ST ( ) Change (X) Addition
Name: DUKES, MARY H
Address: P.O. BOX 1433
City-St-Zip: JASPER, FL 32052 US

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: CHARLES BARRETT D 02/19/2009
Electronic Signature of Signing Officer or Director Date