2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# N42387

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

Current Principal Place of Business:

1398 BERRY STREET
JENNINGS, FL 32053 US

New Principal Place of Business:

1388 BERRY STREET
JENNINGS, FL 32053 US

Current Mailing Address:

P.O. BOX 456
JENNINGS, FL 32053 US

New Mailing Address:

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
1398 BERRY STREET
P.O. BOX 115
JENNINGS, FL 32053 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: D
Name: BARRETT, CHARLES H APOSTLE
Address: P.O BOX 115
City-St-Zip: JENNINGS, FL 32053 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES BARRETT D 02/17/2011

Electronic Signature of Signing Officer or Director Date