

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000419

FILED
Jun 11, 2009
Secretary of State

Entity Name: THE NEW COVENANT DELIVERANCE OUTREACH, INC.

Current Principal Place of Business:

1501 NW 24TH AVE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

PO BOX 1779
FT. LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 65-0315515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ORR, LIVINGSTON PASTOR
1501 NW 24TH AVE
FORT LAUDERDALE, FL 33311 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ORR, LIVINGSTON
Address: 1501 NW 24TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: AP () Delete
Name: ORR, SAMUEL
Address: 3490 NW 28TH COURT
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: M () Delete
Name: ALBERTINE, PORTER
Address: P. O. BOX 61154
City-St-Zip: PALM BAY, FL 32906

Title: SD () Delete
Name: ORR, NAKASIE
Address: P.O BOX 1779
City-St-Zip: FT. LAUDERDALE, FL 33302

Title: T () Delete
Name: DAMES, GLADYS
Address: 1987 KIMLYN CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AP (X) Change () Addition
Name: ORR, SAMUEL
Address: 5120 E. CRISTERN CT
City-St-Zip: INVERNESS, FL 34452

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DAMES, GLADYS
Address: 1925 KIMLYN CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

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: LIVINGSTON ORR

PD

06/11/2009

Electronic Signature of Signing Officer or Director

_____ Date