


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000001191 1. Entity Name NEW LIFE DELIVERANCE MINISTRIES, INC.																																						
Principal Place of Business 115 LYNN WOOD DR. BAINBRIDGE, GA 31717			Mailing Address PO BOX 6162 TALLAHASSEE, FL 32301																																			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																				
City & State		City & State																																				
Zip	Country	Zip	Country	4. FEI Number 65-0392491																																		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																		
6. Name and Address of Current Registered Agent PORTER, JACQUELYN C 3304 BAHAMA DR. TALLAHASSEE, FL 32311			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																			
8. 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. I am familiar with, and accept the obligations of registered agent.																																						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> PD PORTER, JACQUELYN C 3304 BAHAMA DR. TALLAHASSEE, FL 32311 </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td> SIT WALKER, CYNTHIA 657 CHARLIE HARRIS LOOP QUINCY, FL 32352 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td> T PORTER, MARY A 128 GAIL DRIVE BAINBRIDGE, GA 39817 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td> MD KNIGHT-DAWSON, ROSE 502 CIRCLE DR QUINCY, FL 32351 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> U000000864972 04/07/08-80009-011 70.00 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE	PD PORTER, JACQUELYN C 3304 BAHAMA DR. TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	TITLE	SIT WALKER, CYNTHIA 657 CHARLIE HARRIS LOOP QUINCY, FL 32352	<input type="checkbox"/> Delete	TITLE	T PORTER, MARY A 128 GAIL DRIVE BAINBRIDGE, GA 39817	<input type="checkbox"/> Delete	TITLE	MD KNIGHT-DAWSON, ROSE 502 CIRCLE DR QUINCY, FL 32351	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE	U000000864972 04/07/08-80009-011 70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>Jacquelyn C. Porter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> 3/13/08 <small>Date</small> </div> <div style="width: 30%; text-align: center;"> 850 671-2583 <small>Daytime Phone #</small> </div> </div>																																						



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