

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001191

FILED
Mar 18, 2009
Secretary of State

Entity Name: NEW LIFE DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

115 LYNN WOOD DR.
BAINBRIDGE, GA 31717

New Principal Place of Business:

Current Mailing Address:

PO BOX 6162
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 65-0392491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PORTER, JACQUELYN C
3304 BAHAMA DR.
TALLAHASSEE, FL 32311 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: P/D () Delete
Name: PORTER, JACQUELYN C
Address: 3304 BAHAMA DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: S/T () Delete
Name: WALKER, CYNTHIA
Address: 657 CHARLIE HARRIS LOOP
City-St-Zip: QUINCY, FL 32352

Title: T () Delete
Name: PORTER, MARY A
Address: 128 GAIL DRIVE
City-St-Zip: BAINBRIDGE, GA 39817

Title: MD () Delete
Name: KNIGHT-DAWSON, ROSE
Address: 502 CIRCLE DR
City-St-Zip: QUINCY, FL 32351

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

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:

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

Title: TREA () Change (X) Addition
Name: WARD, ANDREW
Address: 1026 JAPONICA DR.
City-St-Zip: BAINBRIDGE, GA 39819

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: JACQUELYN C. PORTER

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

Date