

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2009
Secretary of State**

DOCUMENT# N93000001692

Entity Name: CHURCH OF DELIVERANCE OF GOD, INC.

Current Principal Place of Business:

14516 LINCOLN RD
RICHMOND HEIGHTS, FL 33176

New Principal Place of Business:

Current Mailing Address:

% ANGELIQUE MEADE
P.O. BOX 77072
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0417217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MEADE, ANGELIQUE B DIR
8564 SW 210TH TERRACE
CUTLER BAY, FL 33189 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 () Delete
Name: MEADE, ANGELIQUE B
Address: 8564 SW 210TH TERRACE
City-St-Zip: CUTLER BAY, FL 33189

Title: VD () Delete
Name: COATS, MONIQUE L
Address: 10750 SW 142ND LANE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: FRANCIS, EMANUEL
Address: 10200 SW 173 STREET
City-St-Zip: MIAMI, FL 33157

Title: SEC () Delete
Name: HUGHLEY, PATRICE E
Address: 7380 NW 4TH STREET #304
City-St-Zip: PLANTATION, FL 33317

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:

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: ANGELIQUE B. MEADE

DIR

05/02/2009

Electronic Signature of Signing Officer or Director

_____ Date