2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003310

Apr 13, 2009 Secretary of State

Entity Name: LAST DAY DELIVERANCE TEMPLE OF THE APOSTOLIC FAITH INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

3360 DAVIE BLVD STE. 2

FORT LAUDERDALE, FL 33312

Current Mailing Address: New Mailing Address:

3360 DAVIE BLVD 3650 NW 44TH AVENUE

STE. 2 LAUDERDALE LAKES, FL 33319 FORT LAUDERDALE, FL 33312

FEI Number: 65-0426766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COSBY, VIRGIE M PASTOR COSBY, SR., LIONEL L PRESI 3650 NW 44TH AVE 2651 NW 15TH COURT

FORT LAUDERDALE, FL 33319 US 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: MARILYN K THOMPSON 04/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: PRES (X) Change () Addition

Name: COSBY, VIRGIE M Name: COSBY, SR., LIONEL L
Address: 3650 NW 44TH AVE. Address: 2651 NW 15TH COURT

City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: FORT LAUDERDALE, FL 33311

Title: V () Delete Title: V (X) Change () Addition Name: COSBY, SR. LIONEL Name: THOMPSON, MARILYN K

Address: 2780 SOMERSET DRIVE, P-203 Address: 3650 NW 44TH AVENUE

City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: LAUDERDALE LAKES, FL 33319

 Title:
 S
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 THOMPSON, MARILYN
 Name:
 THOMPSON, MARILYN K

Address: 3650 NW 44TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33319
Address: 3650 NW 44TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33319
LAUDERDALE LAKES, FL 33319

Title: T () Delete Title: () Change () Addition

 Name:
 WEAVER, BERNICE
 Name:

 Address:
 1130 NW 19TH STREET
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 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: LIONEL L. COSBY SR. PRES 04/13/2009