2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2008
Secretary of State

DOCUMENT# N93000004225

Entity Name: DIVINE DELIVERANCE MINISTRIES INC

Current Principal Place of Business:

836 DR MARY MCLEOD BLVD
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26
DAYTONA BEACH, FL 32115 US

New Mailing Address:

FEI Number: 59-3203365 **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:

PERRY, OCTAVIOUS K
1960 DORIAN LN
DELTONA, FL 32738 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: WILLIAMS, DIANA
Address: 836 MARY MCCLOUD BLVD
City-St-Zip: DAYTONA BEACH, FL 32115

Title: CD ( ) Delete
Name: PERRY, OCTAVIOUS
Address: 1960 DORIAN LN
City-St-Zip: DELTONA, FL 32738

Title: STD ( ) Delete
Name: HICKS, GRADY
Address: 1086 MARAGRET DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: DT ( ) Delete
Name: PERRY, BERNAVETTE
Address: 6145 SW 8TH LANE
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete
Name: AARON, CAROLYN W
Address: RT 7 BOX 647
City-St-Zip: LAKE CITY, FL

Title: D ( ) Delete
Name: ROACH, SHERENE
Address: 836 2ND AVE
City-St-Zip: DAYTONA BEACH, FL 32115

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: ( ) 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: DIANNA WILLIAMS D 09/01/2008
Electronic Signature of Signing Officer or Director — Date