

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004781

FILED
May 06, 2008
Secretary of State

Entity Name: HOLY BIBLE CHURCH OF REALITY DELIVERANCE CENTER, INC.

Current Principal Place of Business:

2806 N. 22ND ST.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1324 BROOKE VIEW DRIVE
ODESSA, FL 33556

New Mailing Address:

2831 BLUESLATE CT
LAND O LAKES, FL 34638

FEI Number: 59-3209337 **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:

WELLS, DERRICK L
2831 BLUESLATE CT
LAND O'LAKES, FL 34638 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: PD () Delete
Name: WELLS, DERRICK L
Address: 2831 BLUESLATE CT
City-St-Zip: LAND O'LAKES, FL 34638

Title: VD () Delete
Name: BRUNER, MARGO M
Address: 1113 NEWBRIDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: JOHNSON, LOVELL
Address: 8639 N. HIMES AVE #2109
City-St-Zip: TAMPA, FL 33614

Title: SD () Delete
Name: WEBBER, RASHANDA
Address: 1324 BROOKE VIEW DR
City-St-Zip: ODESSA, FL 33556

Title: TRD () Delete
Name: WELLS, MICHAEL
Address: 6428 BEAR CT
City-St-Zip: WALDORF, MD 20603

Title: D () Delete
Name: SELLERS, MELANIE J
Address: 2831 BLUESLATE CT
City-St-Zip: LAND O'LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BARROW, TANGELA
Address: 8639 N. HIMES AVE #2109
City-St-Zip: TAMPA, FL 33614

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: DERRICK L WELLS

PD

05/06/2008

Electronic Signature of Signing Officer or Director

Date