

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001193

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: TRUE DELIVERANCE FELLOWSHIP, INC.

## Current Principal Place of Business:

7690 15TH ST E  
SARASOTA, FL 34243

## New Principal Place of Business:

215 KAY ROAD  
BRADENTON, FL 34206

## Current Mailing Address:

PO BOX 10645  
BRADENTON, FL 34282

## New Mailing Address:

PO BOX 132  
BRADENTON, FL 34206 01

FEI Number: 65-0500199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRICE, RAYMOND D  
6002 35TH LANE E.  
ELLENTON, FL 34222 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: DP ( ) Delete  
Name: TRICE, RAYMOND D  
Address: 6002 35TH LANE E.  
City-St-Zip: BRADENTON, FL 34222

Title: DV ( ) Delete  
Name: DAILEY, PATRICIA  
Address: 1371 14TH STREET  
City-St-Zip: SARASOTA, FL 34234

Title: DST ( ) Delete  
Name: TRICE, TINA T  
Address: 6002 35TH LANE E.  
City-St-Zip: ELLENTON, FL 34222

## 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:

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: PATRICIA DAILEY

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date