


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90043 042 ****70.00


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| DOCUMENT # N94000001849 |  |
| 1. Entity Name THE JESUS CHRIST DELIVERANCE MINISTRIES, INCORPORATED | |

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| Principal Place of Business 1181 NW 30 AVE FT. LAUDERDALE FL 33311 | Mailing Address P. O. BOX 16293 PLANTATION FL 33218 US |
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| 2. Principal Place of Business - No P.O. Box # 3130 N. 28th Ave. | 3. Mailing Address |
| Suite, Apt. #, etc. Hollywood, Florida | Suite, Apt. #, etc. |

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|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

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|---------------------|--------------------------|-----|---------|
| Zip 33020 | Country County | Zip | Country |
|---------------------|--------------------------|-----|---------|

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| 1st MOORE | CR2E037 (10/07) |
| 4. FEI Number 65-0416986 | Applied For <input type="checkbox"/> Not Applicable |

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| 6. Name and Address of Current Registered Agent CLAIR, MARY 2070 NW 29TH TERR. FT. LAUDERDALE FL 33311 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 8. 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE | DATE |

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|---|---|--|
| FILE NOW: FEE IS \$61.25 Due By: May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CLAIR, MISHEL 2070 NW 29TH TERR. FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CLAIR, MARY 2070 NW 29TH TERR. FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MCKINNEY, ROBERTA 3640 N.W. 4TH ST. FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WRIGHT, WILLIE 1640 N.W. 27TH ST. FT. LAUDERDALE FL 33020 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | |
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SIGNATURE: *Mary Clair Mary Clair* *March 3, 2008 (954) 735-5985*