

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001939

FILED
Apr 16, 2009
Secretary of State

Entity Name: LIFE DELIVERANCE MINISTRIES CORPORATION

Current Principal Place of Business:

3377 JIM LEE ROAD
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

13480 MIDDLEFIELD ROAD
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-3236193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, LORENZO III
13480 MIDDLEFIELD RD
TALLAHASSEE, FL 32309 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: P () Delete
Name: WATKINS, LORENZO
Address: 13480 MIDDLEFIELD ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: WOODY, BRENDA
Address: 626 EAST 9TH STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: ALEXANDER, DAVID
Address: 735 E. MAYS ST.
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: HALL, DARRYL
Address: 10560 VALENTINE ROAD SOUTH
City-St-Zip: TALLAHASSEE, FL 32311

Title: S () Delete
Name: FRAZIER, KENYATA
Address: 3377 JIM LEE ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: T () Delete
Name: WILLIAMS, ANTIONETTE
Address: 3377 JIM LEE ROAD
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CLEMONS, BRENDA
Address: 626 EAST 9TH STREET
City-St-Zip: TALLAHASSEE, FL 32308

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: LORENZO WATKINS, III

RA

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date