


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90057 005 \*\*\*\*61.25

<b>DOCUMENT # N94000002609</b>					
<b>1. Entity Name</b> COMMUNITY OUTREACH WORD OF DELIVERANCE MINISTRIES INC.					
<b>Principal Place of Business</b> 1535 7TH AVENUE E. BRADENTON, FL 34208			<b>Mailing Address</b> 502 5TH AVE. DR. E. BRADENTON, FL 34208		
<b>2. Principal Place of Business - No P.O. Box #</b> 650 27 Street E		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Bradenton FL		<b>City &amp; State</b>		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 34208		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MCDONALD, DEXTER N 758 GATES CREEK ROAD BRADENTON, FL 34202			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> MCDONALD, DEXTER N <b>STREET ADDRESS</b> 758 GATES CREEK ROAD <b>CITY-ST-ZIP</b> BRADENTON, FL 34202	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> Herman W. McDonald <b>STREET ADDRESS</b> 758 Gates Creek Rd <b>CITY-ST-ZIP</b> Bradenton FL 34212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> BUTLER, ROSENA <b>STREET ADDRESS</b> 2605 TAVE. E. <b>CITY-ST-ZIP</b> PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> WITTER, CONLEY <b>STREET ADDRESS</b> 4912 26TH AVE. E. <b>CITY-ST-ZIP</b> BRADENTON, FL 34202	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> Arthur Huggins <b>STREET ADDRESS</b> 1011 27 Street Ct E <b>CITY-ST-ZIP</b> Bradenton FL 34205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <i>Herman W McDonald</i>			4-10-08 900 767-5847		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		