

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004173

FILED
Apr 14, 2009
Secretary of State

Entity Name: NEW DAY 'N' CHRIST DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

3055 NW 76TH ST
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2959 NW 156TH ST
MIAMI, FL 33054

New Mailing Address:

FEI Number: 65-0520033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, AARON H SR
2959 NW 156TH ST
MIAMI, FL 33054 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: D () Delete
Name: ROBERTS, AARON H SR
Address: 2959 NW 156TH ST
City-St-Zip: MIAMI, FL 330542225

Title: TR () Delete
Name: ROBERTS, ALICE M
Address: 2959 N.W. 156TH STREET
City-St-Zip: MIAMI GARDENS, FL 33054 25

Title: TS () Delete
Name: TUCKER, DAVID W
Address: 1965 N.W. 183RD STREET
City-St-Zip: MIAMI GARDENS, FL 33056

Title: TS () Delete
Name: FERGUSON, LINDA D
Address: 16200 N.W. 27TH PLACE
City-St-Zip: MIAMI GARDENS, FL 33054

Title: T () Delete
Name: BELL, CLEO
Address: 2751 NW 174TH ST.
City-St-Zip: MIAMI, FL 330564032

Title: TS () Delete
Name: BROOKS, SHIRLEY
Address: 8501 N.W. 15TH AVENUE
City-St-Zip: MIAMI, FL 33147

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:

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: DAVID W. TUCKER

TS

04/14/2009

Electronic Signature of Signing Officer or Director

Date