

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005518

FILED
Feb 03, 2010
Secretary of State

Entity Name: LIFE LINE DELIVERANCE AND OUTREACH MINISTRY, INC.

Current Principal Place of Business:

642 PARKWOOD AVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

700 W S.R. 436 SUITE 800
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

P O BOX 160783
STE. 115
ALTAMONTE SPRINGS, FL 327160783 US

New Mailing Address:

FEI Number: 59-3301057 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KELLY, GLEN
1320 CROYLE DRIVE
ORLANDO, FL 32811 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
Name: KELLY, DAPHEN
Address: 642 PARKWOOD AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: KELLY, GLEN
Address: 1320 CROYLE DRIVE
City-St-Zip: ORLANDO, FL 32811

Title: D
Name: DEHANEY, ROSETTA
Address: 1320 CROYLE DR.
City-St-Zip: ORLANDO, FL

Title: D
Name: PHILLIPS, DAVID
Address: 615 LONGMEADOW CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: T
Name: WESLEY-PHILLIPS, EDDANNA
Address: 615 LONGMEADOW CIRCLE
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: GLEN KELLY

D

02/03/2010

Electronic Signature of Signing Officer or Director

Date