2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001719

Entity Name: WORD OF DELIVERANCE, INC.

FILED Apr 12, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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838 LAUREL LEAF ST 1304 WATER WILLOW DR., APT. # A

ORANGE CITY, FL 32763 US DELAND, FL 32720 US

Current Mailing Address: New Mailing Address:

838 LAUREL LEAF ST 1304 WATER WILLOW DR., APT. # A

ORANGE CITY, FL 32763 US DELAND, FL 32720 US

FEI Number: 59-3320462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, HELEN BROWN, HELEN

838 LAUREL LEAF ST 1304 WATER WILLOW DR., APT. # A

ORANGE CITY, FL 32763 US DELAND,, FL 32720 US

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: 04/12/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: BROWN, HELEN
Address: 838 LAUREL LEAF ST
Name: BROWN, HELEN
Address: 1304 WATER WILLOW DR., APT. # A

Address: 838 LAUREL LEAF ST Address: 1304 WATER WILLOW DR., APT. # A
City-St-Zip: ORANGE CITY, FL 32763 US City-St-Zip: DELAND, FL 32720 US

Title: D () Delete Title: () Change () Addition Name: BROWN, KENNETH L Name:

 Address:
 3166 RILEY RIDGE ROAD
 Address:

 City-St-Zip:
 HOLLAND, MI 49424 US
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 HALL, DOROTHY M
 Name:

 Address:
 105 ALLIANCE STREET, APT. B
 Address:

 City-St-Zip:
 HAVRE DE GRACE, MD 21078 US
 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: HELEN BROWN D 04/12/2008