

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002110

FILED
Mar 19, 2007
Secretary of State

Entity Name: FAITH DELIVERANCE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 861
PORT RICHEY, FL 34673 US

New Principal Place of Business:

11251 LITTLE RD.
NEW PORT RICHEY, FL 34654 US

Current Mailing Address:

7124 FOX HOLLOW DRIVE
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-3312598 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MC DOUGAL, ALPHONSO
7124 FOX HOLLOW DRIVE
PORT RICHEY, FL 34668 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: PD () Delete
Name: MCDOUGAL, ALPHONSO
Address: 7124 FOX HOLLOW DRIVE
City-St-Zip: PT RICHEY, FL 34668

Title: VD () Delete
Name: MCDOUGAL, ALTHEA
Address: 7124 FOX HOLLOW DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: SD () Delete
Name: SHERMAN, RUTHIE M
Address: 6931 MENIFEE COURT #4
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T () Delete
Name: BURCH, ERNISTINE
Address: 11134 TYLER DR
City-St-Zip: PT RICHEY, FL 34668

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALPHONSO MCDOUGAL

PD

03/19/2007

Electronic Signature of Signing Officer or Director

Date