

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005404

FILED
May 29, 2008
Secretary of State

Entity Name: FAITH DELIVERANCE CRUSADE MINISTRIES INC.

Current Principal Place of Business:

830 ARLINGTON RIVER DRIVE
#149
JACKSONVILLE, FL 32211

New Principal Place of Business:

3219 ROSSELLE ST
JACKSONVILLE, FL 32205

Current Mailing Address:

P O BOX 16152
JACKSONVILLE, FL 32246

New Mailing Address:

3219 ROSSELLE ST
JACKSONVILLE, FL 32205

FEI Number: 59-3371381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LANIER, LINDA
11726 MARINA DRIVE
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

LANIER, LINDA
3219 ROSSELLE ST
JACKSONVILLE, FL 32205 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: _____

05/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANIER, LINDA
Address: 830 ARLINGTON RIVER DRIVE, #149
City-St-Zip: JACKSONVILLE, FL 32211

Title: S () Delete
Name: KING, LATANYA
Address: 830 ARLINGTON RIVER DRIVE, #149
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: PERRY, THERESA
Address: 830 ARLINGTON RIVER DRIVE, #149
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: HALLMAN, APRIL
Address: 830 ARLINGTON RIVER DRIVE, #149
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: BROWN, BELINDA
Address: 830 ARLINGTON RIVER DRIVE, #149
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: SEYMORE, LEON
Address: 830 ARLINGTON RIVER DRIVE, #149
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANIER, LINDA
Address: 3219 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: S (X) Change () Addition
Name: KING, LATANYA
Address: 3219 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change () Addition
Name: PERRY, THERESA
Address: 3219 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change () Addition
Name: HALLMAN, APRIL
Address: 3219 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change () Addition
Name: BROWN, BELINDA
Address: 3219 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change () Addition
Name: LANE, CLINTON
Address: 3219 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32205

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: LINDA L LANIER

D

05/29/2008

Electronic Signature of Signing Officer or Director

Date