

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005404

FILED
Jan 06, 2010
Secretary of State

Entity Name: FAITH DELIVERANCE CRUSADE MINISTRIES INC.

Current Principal Place of Business:

3219 ROSSELLE ST
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

3219 ROSSELLE ST
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3371381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANIER, LINDA
3219 ROSSELLE ST
JACKSONVILLE, FL 32205 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: LANIER, LINDA
Address: 3219 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: S
Name: KING, LATANYA
Address: 3219 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D
Name: PERRY, THERESA
Address: 3219 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D
Name: HALLMAN, APRIL
Address: 3219 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D
Name: BROWN, BELINDA
Address: 3219 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D
Name: LANE, CLINTON
Address: 3219 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32205

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: LINDA L LANIER

D

01/06/2010

Electronic Signature of Signing Officer or Director

Date