

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005404

FILED
Jan 15, 2012
Secretary of State

Entity Name: FAITH DELIVERANCE CRUSADE MINISTRIES INC.

Current Principal Place of Business:

1865 WELLS RD
#343
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1865 WELLS RD
343
ORANGE PARK, FL 32073

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
1865 WELLS RD
343
ORANGE PARK, FL 32073 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: 1865 WELLS RD #343
City-St-Zip: ORANGE PARK, FL 32073

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 LANIER

DIR

01/15/2012

Electronic Signature of Signing Officer or Director

Date