2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N96000001433

Entity Name: LIGHTHOUSE OF DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

743 S. CENTRAL AVE.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

743 S.CENTRAL AVE.
APOPKA, FL 32703

New Mailing Address:

FEI Number: 16-1673947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEATHERS, NATHANIEL JR
743 SOUTH CENTRAL AVENUE
APOPKA, FL 32703 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: ED ( ) Delete
Name: WEATHERS, NATHANIEL JR
Address: 1433 FALCONWOOD CT.
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: WEATHERS, PATRICIA
Address: 1433 FALCONWOOD CT.
City-St-Zip: APOPKA, FL 32712

Title: AD ( ) Delete
Name: WHITE, ROMAN
Address: 1341 FOXFOREST CIR.
City-St-Zip: APOPKA, FL 32712

Title: T ( ) Delete
Name: CURRY, MICHAEL
Address: 15 PINE FOREST PLACE
City-St-Zip: APOPKA, FL 32703

Title: AT ( ) Delete
Name: WOOTEN, MANNIE E
Address: 1178 DEER LAKE CIR.
City-St-Zip: APOPKA, FL 33712

Title: S ( ) Delete
Name: WHITE, NELLENA
Address: 1341 FOXFOREST CIR.
City-St-Zip: APOPKA, FL 32703

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:

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 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: NELLENA WHITE S 04/30/2008
Electronic Signature of Signing Officer or Director — Date