

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000002260 1. Entity Name SAINTS IN CHRIST DELIVERANCE TEMPLE, INC. INTERNATIONAL					
Principal Place of Business 2057 SW MAIN BLVD SUITE 3 LAKE CITY FL 32055			Mailing Address 805 NW OAKLAWN TERR. LAKE CITY FL 32055		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3389885 Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/07)	
6. Name and Address of Current Registered Agent DIXON, LEONARD 805 OAKLAWN TERR. LAKE CITY FL 32055				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when changing) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD LEE, ROSEMARY 677 NW ALMA TERR. LAKE CITY FL 32055	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000899093 04/29/08-80025-001 70.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DIXON, LEONARD 805 NW OAKLAWN TERR. LAKE CITY FL 32055	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD DIXON, ELAINE 805 NW OAKLAWN TERR LAKE CITY FL 32055	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DIXON, JOHNNIE 325 NW WRIGHT LANE LAKE CITY FL 32055	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD DIXON, ELAINE 805 NW OAKLAWN TERR LAKE CITY FL 32055	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DIXON, JOHNNIE 325 NW WRIGHT LANE LAKE CITY FL 32055	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leonard Dixon - PASTOR 4/11/08 386-755-1630