

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006503

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

**Entity Name:** JESUS NEW COVENANT DELIVERANCE FELLOWSHIP, INC.

**Current Principal Place of Business:**

2909 E HILLSBOROUGH AVE  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11155  
TAMPA, FL 336801155 US

**New Mailing Address:**

**FEI Number:** 59-3426015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CREWS, JAMES B  
5808 HAMMON DR  
TAMPA, FL 33619 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:** DP  
**Name:** CREWS, JAMES B  
**Address:** 5808 HAMMON DR  
**City-St-Zip:** TAMPA, FL 33619

**Title:** DV  
**Name:** CREWS, JANICE  
**Address:** 5808 HAMMON DR  
**City-St-Zip:** TAMPA, FL 33619

**Title:** DST  
**Name:** DOYLE, VELMA  
**Address:** 12103 CLEAR BROOK CT.  
**City-St-Zip:** RIVERVIEW, FL 33569

**Title:** T  
**Name:** DESIR, SHARONDA  
**Address:** 12103 CLEAR BROOK CT.  
**City-St-Zip:** RIVERVIEW, FL 33569

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:** JAMES B. CREWS

DP

01/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date