# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 29, 2008**
**Secretary of State**

DOCUMENT# N97000000661

**Entity Name:** DEBBIE LEAKEY MINISTRIES (D.L.M.), INC.

**Current Principal Place of Business:**

5312 NE 6TH AVE
D20
FORT LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

5312 NE 6TH AVE
D20
FORT LAUDERDALE, FL 33334

**New Mailing Address:**

**FEI Number: 65-0728632** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

LEAKEY, DEBBIE
5312 NE 6TH AVE
UNIT D20
FORT LAUDERDALE, FL 33334 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 ( ) Delete
Name: LEAKEY, DEBBIE
Address: 5312 NE 6TH AVE, UNIT D20
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: DS ( ) Delete
Name: HUGHES, DOLORES
Address: 5312 NE 6TH AVE, UNIT D20
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: T ( ) Delete
Name: HUGHES, DOLORES
Address: 5312 NE 6TH AVE, UNIT D20
City-St-Zip: FORT LAUDERDALE, FL 33334

**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:

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: DEBBIE LEAKEY DP 07/29/2008

Electronic Signature of Signing Officer or Director — Date