

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N97000004726**

1. Entity Name  
**JESUS CHRIST OUTREACH MINISTRY OF  
DELIVERANCE, INC.**



Principal Place of Business  
**4338 LUBEC AVENUE  
NORTH PORT, FL 34287**

Mailing Address  
**4338 LUBEC AVENUE  
NORTH PORT, FL 34287**



04212007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0217160**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JEAN-LOUIS, ANNIE M.  
4338 LUBEC AVE.  
NORTH PORT, FL 34287**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEAN-LOUIS, ANNIE M 4338 LUBEC AVENUE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GILLEY, COREY 1481 16TH STREET SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HERRERA, NIKEYA 610 8TH STREET WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCM BELLAMY, SYLVESTER SR 2314 9TH AVE E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, MARY JOYCE 503 30TH STREET EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000730331  
05/08/07-80077-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Annie m. Jean-Louis DP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07  
Date

94-423-9336  
Daytime Phone #