2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# N97000004726

Entity Name: JESUS CHRIST OUTREACH MINISTRY OF DELIVERANCE, INC.

Current Principal Place of Business:

4338 LUBEC AVENUE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

4338 LUBEC AVENUE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-0217160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEAN-LOUIS, ANNIE M.
4338 LUBEC AVE.
NORTH PORT, FL 34287 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: JEAN-LOUIS, ANNIE M
Address: 4338 LUBEC AVENUE
City-St-Zip: NORTH PORT, FL 34287

Title: DV ( ) Delete
Name: GILLEY, COREY
Address: 1481 16TH STREET
City-St-Zip: SARASOTA, FL 34236

Title: DST ( ) Delete
Name: HERRERA, NIKEYA
Address: 610 8TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: TCM ( ) Delete
Name: BELLAMY, SYLVESTER SR
Address: 2314 9TH AVE E
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change ( ) Addition
Name: ADAMS, NIKEYA
Address: 1207 MACKERAL
City-St-Zip: SARASOTA, FL 34237

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: ANNIE M. JEAN-LOUIS DP 02/28/2009

Electronic Signature of Signing Officer or Director — Date