2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005433

FILED Apr 28, 2008 Secretary of State

Entity Name: EVANGELIC DELIVERENCE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:			New Principal F	New Principal Place of Business:	
	COLN AVE D, FL 33815				
Current Mailing Address:			New Mailing Ac	New Mailing Address:	
421 HOWA LAKELANE	RD AVE), FL 33815				
FEI Number:	59-3467162	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Addr	ess of New Registered Agent:	
BULLOCK, 421 HOWA LAKELAND		US			
The above in the State		ubmits this statement for the p	urpose of changing its reg	istered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	c Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () BAKER, WANDA 1600 N KETTLE LAKELAND, FL	S AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BULLOCK, MICH 421 HOWARD A LAKELAND, FL	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () INGRAHAM, TOI 1318 7TH CRT LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () RUDING, JOHNS 785 SOUTH 6TH BARTOW, FL 3	AVE	Address: 785 S	(X) Change () Addition NE, JOHNSON SOUTH 6TH AVE FOW, FL 33830	
Title: Name: Address: City-St-Zip:	D () SMITH, DOROTI 1004 EAST JEN PLANT CITY, FL	KINS ST	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MICHAEL BULLOCK D 04/28/2008