2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2009
Secretary of State

DOCUMENT# N97000005852

Entity Name: EVANGELIST DELIVERANCE HOLINESS CHURCH OF JESUS WITHIN INC.

Current Principal Place of Business:

2401 N. 43RD STREET
FORT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

2401 N. 43RD STREET
FORT PIERCE, FL 34946

New Mailing Address:

FEI Number: 65-0772504 **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:

BERNARD, JOSEPH M
2933 HARSON WAY
FT. PIERCE, FL 34946 US

Name and Address of New Registered Agent:

BERNARD, JOSEPH M
1611N17THSTREET
FT. PIERCE, FL 34950 US

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: _____ 08/17/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BENARD, JOSEPH M
Address: 2933 HARSON WAY
City-St-Zip: FT. PIERCE, FL 34946

Title: VPD ( ) Delete
Name: BERNARD, JASMINE A
Address: 2401 N 43 STREET
City-St-Zip: FORT PIERCE, FL 34946

Title: TD ( ) Delete
Name: MORGAN, ASBURN
Address: 435 DOUGLAS CT
City-St-Zip: FORT PIERCE, FL 34950

Title: SD ( ) Delete
Name: BILLINGS, SANDRA
Address: 2401 N 43RD ST.
City-St-Zip: FT. PIERCE, FL 34946

Title: D ( ) Delete
Name: HUNT, BERNARD
Address: 2502 AVE I
City-St-Zip: FORT PIERCE, FL 34946

Title: D ( ) Delete
Name: STURRY, EMILY
Address: 302 N 30TH STREET
City-St-Zip: FORT PIERCE, FL 34948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BENARD, JOSEPH M
Address: 1611N.17TH STREET
City-St-Zip: FT. PIERCE, FL 34950

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

Title: TD (X) Change ( ) Addition
Name: BERNARD, JASMINE A
Address: 2401N43ST
City-St-Zip: FORT PIERCE, FL 34946

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: JASMINE A BERNARD TD 08/17/2009
Electronic Signature of Signing Officer or Director — Date