2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N98000000936

Entity Name: YES LORD DELIVERANCE CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

739 7TH STREET
CHIPLEY, FL 32428 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 196
CHIPLEY, FL 32428 US

New Mailing Address:

FEI Number: 59-3489323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODS, DAVID JR
102 LARAMIE CIRCLE
PANAMA CITY, FL 32404 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:	P	( ) Delete
Name:	WOODS, DAVID JR	
Address:	102 LARAMIE CIRCLE	
City-St-Zip:	PANAMA CITY, FL	
Title:	S	( ) Delete
Name:	ANDREWS, TRACEY	
Address:	P.O. BOX 921	
City-St-Zip:	CHIPLEY, FL	
Title:	T	( ) Delete
Name:	RHYNES, VANESSA	
Address:	P.O. BOX 52	
City-St-Zip:	CHIPLEY, FL	
Title:	O	( ) Delete
Name:	BULLOCK, AARON	
Address:	714 PECAN STREET	
City-St-Zip:	CHIPLEY, FL	
Title:	D	( ) Delete
Name:	PATRICK, VERNITA	
Address:	5027 E 13TH CT	
City-St-Zip:	PANAMA CITY, FL	
Title:	D	( ) Delete
Name:	CREWS, WILLIE A	
Address:	627 BENNETT DR	
City-St-Zip:	CHIPLEY, FL	

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:	
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: DAVID WOODS JR. P 02/16/2009

Electronic Signature of Signing Officer or Director — Date