## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002310

FILED Sep 04, 2012 Secretary of State

Entity Name: SELVON SEEBRAN WORLDWIDE DELIVERANCE, INC.

Current Principal Place of Business: New Principal Place of Business:

5101 EDGEWATER DR. 5343 BROKEN PINE CIRCLE ORLANDO, FL 32810 ORLANDO, FL 32818

Current Mailing Address: New Mailing Address:

P.O. BOX 608073 ORLANDO, FL 32860

FEI Number: 59-1804738 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEEBRAN, SHERRY L
5101 EDGEWATER DRIVE
ORLANDO, FL 32810 US
SEEBRAN, SHERRY L
5343 BROKEN PINE CIRCLE
ORLANDO, FL 32818 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: 09/04/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: SEEBRAN, SELVON
Address: 5343 BROKEN PINE CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: VP

Name: SEEBRAN, SHERRY Z Address: 5343 BROKEN PINE City-St-Zip: ORLANDO, FL 32818

Title: D

Name: SEEBRAN, TIMOTHY O Address: 5600 LYNCH ROAD City-St-Zip: PATTERSON, GA 31557

Title:

Name: DANIELS, VERA
Address: 1092 DURDEN ROAD
City-St-Zip: TWIN CITY, GA 30471

Title:

Name: STONE, TRACY H
Address: 284 ROCKEY WAY
City-St-Zip: WILLIAMSON, GA 30292

Title:

Name: LISA, STONE A
Address: 284 ROCKEY WAY
City-St-Zip: WILLIAMSON, GA 30292

I hereby 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 all other like empowered.

SIGNATURE: SELVON SEEBRAN P 09/04/2012