2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000004494

1. Entity Name
FOR THE CAUSE OF CHRIST DELIVERANCE CENTER INC.

Principal Place of Business	Mailing Address
2431 WYLENE ST JACKSONVILLE, FL 32209 US	2431 WYLENE ST JACKSONVILLE, FL 32209 US

01162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1614071
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, SAMMIE L JR
4598 MUSCADINE CT.
JACKSONVILLE, FL 32210

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sammie L. Jackson Jr 1-16-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACKSON, SAMMIE L JR
STREET ADDRESS	4598 MUSCADINE CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	JONES SAMPSON, GAIL Y
STREET ADDRESS	11595 KEY BISCAYNE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	D
NAME	JACKSON, CLAUDINE
STREET ADDRESS	4598 MUSCADINE CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08-80061-002 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sammie L. Jackson Jr 1-16-08 (904) 772-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #