2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004494

FILED Jan 12, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:		
2431 WYL JACKSON	ENE ST VILLE, FL 32209) US		
Current Mailing Address:		New Mailing Address:		
2431 WYL JACKSON	ENE ST VILLE, FL 32209) US		
El Number	: 31-1614071	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:
JACKSON The above			ourpose of changing its register	red office or registered agent, or both,
JACKSON The above n the State	CADINE CT. VILLE, FL 32210 named entity suite of Florida.		ourpose of changing its register	red office or registered agent, or both,
JACKSON The above	CADINE CT. VILLE, FL 32210 named entity sue of Florida. RE:			red office or registered agent, or both, Date
JACKSON The above n the State SIGNATUR	CADINE CT. VILLE, FL 32210 named entity sue of Florida. RE:	bmits this statement for the positions of Registered Agr	ent	
JACKSON The above n the State SIGNATUR	CADINE CT. VILLE, FL 32210 named entity sure of Florida. RE: Electronic	Signature of Registered Age ORS: elete IE L JR E CT.	ent	Date
JACKSON The above nother State SIGNATUR DFFICER: Value: V	CADINE CT. VILLE, FL 32210 named entity suite of Florida. RE: Electronic B AND DIRECTO D () D JACKSON, SAMM 4598 MUSCADINE	Signature of Registered Agr ORS: elete IE L JR E CT. FL 32210 elete I, GAIL Y NYNE DR	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS

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: SAMMIE L. JACKSON JR. D 01/12/2009