2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008
Secretary of State

DOCUMENT# N98000006763

Entity Name: ABUNDANT FAITH HEALING AND DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

3210 NO. 25TH ST.
FORT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

3210 NO. 25TH ST.
FORT PIERCE, FL 34946

New Mailing Address:

FEI Number: 65-0886946 **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:

COLLINS, FELECIA
3210 NO. 25TH ST.
FT PIERCE, FL 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: D ( ) Delete
Name: COLLINS, BERNARD J
Address: 3210 NO. 25TH ST.
City-St-Zip: FT. PIERCE, FL 34946

Title: D ( ) Delete
Name: COLLINS, FELECIA
Address: 3210 NO. 25TH ST.
City-St-Zip: FT. PIERCE, FL 34946

Title: SD ( ) Delete
Name: STOKES, SHAKERA
Address: 705 S 29TH STREET
City-St-Zip: FT. PIERCE, FL 34947

Title: D ( ) Delete
Name: MOSS, SHAMEKA
Address: 806 N 20TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete
Name: WRIGHT, MATTHEW
Address: 500 TREASURE CAY DR #106
City-St-Zip: FT. PIERCE, FL 34946

Title: D ( ) Delete
Name: WILLIS, KENDRA
Address: 812 AVENUE M
City-St-Zip: FT. PIERCE, FL 34950

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: FELECIA COLLINS P/D 05/13/2008

Electronic Signature of Signing Officer or Director Date