

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006763

FILED
Mar 24, 2009
Secretary of State

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 ()

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: VP/D (X) Change () Addition
Name: STOKES, SHAKERA L
Address: 705 SOUTH 29TH STREET
City-St-Zip: FT. PIERCE, FL 34946

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

Title: SD (X) Change () Addition
Name: COLEMAN, ELEANA
Address: 806 NORTH 20TH STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: D (X) Change () Addition
Name: ROLLE, GWENDOLYN
Address: POST OFFICE BOX 13651
City-St-Zip: FORT PIERCE, FL 34950

Title: D (X) Change () Addition
Name: MINCEY, CHARLOTTE
Address: 715 NORTH 20TH STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: T/D (X) Change () Addition
Name: WILLIS, KENDRA
Address: 2109 SOUTH 33RD STREET
City-St-Zip: FT. PIERCE, FL 34950

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

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date