

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006763

FILED
Apr 25, 2011
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: VP/D
Name: STOKES, SHAKERA L
Address: 705 SOUTH 29TH STREET
City-St-Zip: FT. PIERCE, FL 34946

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

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

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

Title: D/T
Name: WRIGHT, MATTHEW
Address: 2801 AVE Q
City-St-Zip: FT. PIERCE, FL 34950

Title: D
Name: WILLIS, KENDRA
Address: 2109 SOUTH 33RD STREET
City-St-Zip: FT. PIERCE, FL 34950

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: FELECIA COLLINS

PD

04/25/2011

Electronic Signature of Signing Officer or Director

Date