2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N99000000434

Entity Name: MERCY WORSHIP AND DELIVERANCE CENTER, INCORPORATED

Current Principal Place of Business:

12800 SHARP SHINED ST.
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

12800 SHARP SHINED
0RLANDO, FL 32837 US

New Mailing Address:

FEI Number: 59-3568982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, DELORES
12800 SHARP SHINED ST.
ORLANDO, FL 32837 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: P ( ) Delete
Name: BOYD, DELORES
Address: 12800 SHARP SHINED ST.
City-St-Zip: ORLANDO, FL 32837 UA

Title: V ( ) Delete
Name: BOYD, FRED
Address: 12800 SHARP SHINED ST.
City-St-Zip: ORLANDO, FL 32837 US

Title: S ( ) Delete
Name: JONES, LATRICE
Address: 1038 36TH ST
City-St-Zip: ORLANDO, FL 32805

Title: AS ( ) Delete
Name: BOYD, LATISHA
Address: 1038 36TH ST.
City-St-Zip: ORLANDO, FL 32805 US

Title: D ( ) Delete
Name: BOYD, CORY
Address: 912 #F LAKE DESTINY DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: T ( ) Delete
Name: BOYD, JEROME
Address: 1777 VAN ALLEN CIRCLE
City-St-Zip: DELTONA, FL 32738 US

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 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: DELORES BOYD P 04/18/2007

Electronic Signature of Signing Officer or Director — Date