2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006080

FILED May 18, 2007 Secretary of State

Entity Name: MISSIONARY EVANGELISTIC CENTER MINISTRIES OF DELIVERANCE, INC.

Current Principal Place of Business: New Principal Place of Business:

4825 N.W. 30TH AVENUE 2961 NW 60 STREET SUITE 4 2961 NW 60 STREET MIAMI, FL 33142

MIAMI, FL 33147

Current Mailing Address: New Mailing Address:

4825 N.W. 30TH AVENUE 2961 NW 60 STREET SUITE 4 SUITE 4 MIAMI, FL 33147 MIAMI, FL 33142 US

FEI Number: 65-0953576 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: Name and Address of New Registered Agent:

COLEY-WILLIAMS, LILLIAN
4825 N.W. 30TH AVENUE
SUITE 4
MIAMI, FL 33147 US

COLEY-WILLIAMS, LILLIAN
2961 NW 60 STREET
MIAMI, FL 33142 US

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: LILLIAN COLEY WILLIAMS 05/18/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 WILLIAMS-COLEY, LILLIAN
 Name:
 COLEY-WILLIAMS, LILLIAN

 Address:
 1925 NW 78 ST
 Address:
 2961 NW 60 STREET

 City-St-Zip:
 MIAMI, FL 33147
 City-St-Zip:
 MIAMI, FL 33142

Title: SD () Delete Title: () Change () Addition

 Name:
 SPIKES, YVONNE
 Name:

 Address:
 1925 N.W. 78TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33147
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition Name: SPIKES, LATASHA Name:

 Name:
 SPIKES, LATASHA
 Name:

 Address:
 5019 N.W. 27TH AVENUE #A
 Address:

 City-St-Zip:
 MIAMI, FL 33142
 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: LILLIAN COLEY-WILLIAMS PD 05/18/2007