

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90034 033 ****70.00

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1. Entity Name
DEDICATED DELIVERANCE TEACHING MINISTRY, INC.



Principal Place of Business
**2501 BRISTOL DR
B14
WEST PALM BEACH, FL 33409-6463**

Mailing Address
**PO BOX 8027
WEST PALM BEACH, FL 33407-0027**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0982596

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, ANTHONY M
5157 NORMA ELAINE ROAD
WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CAMPBELL, CLAUDIA**
STREET ADDRESS **610 39TH ST.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE **TS** ☐ Delete
NAME **BETHEA, SHEILA**
STREET ADDRESS **8108 PINEHURST DR**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **T** ☐ Delete
NAME **JONES, FARON**
STREET ADDRESS **3308 AVE. S.**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE **T** ☐ Delete
NAME **SMITH, SHERVINGTON**
STREET ADDRESS **632 54TH ST.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE **T** ☐ Delete
NAME **BETHEA, MOREY**
STREET ADDRESS **2003 OAKHURST WAY**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TS** ☒ Change ☐ Addition
NAME **Murphy, Sheila**
STREET ADDRESS **5001 Wheatley Ct.**
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claudia Campbell Claudia Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07
Date

(561) 840-1628
Daytime Phone #