

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90030 033 \*\*\*\*70.00

**DOCUMENT # N99000006778**

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**

**40040342**



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

3. Mailing Address

01252008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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, 2008**

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

TITLE ☐ Delete  
NAME **TS**  
STREET ADDRESS **MURPHY, SHEILA**  
CITY-ST-ZIP **5001 WHEATLEY CT.  
BOYNTON BEACH, FL 33426**

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

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **BETHEA, MOREY**  
CITY-ST-ZIP **2003 OAKHURST WAY  
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 ☒ Change ☐ Addition  
NAME **TS**  
STREET ADDRESS **Murphy, Sheila**  
CITY-ST-ZIP **5102 Wheatley Ct.  
Boynton Beach, FL 33426**

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 B. Campbell* **Claudia B. Campbell**

**3/5/08** **(561)840-1628**