2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N99000006778

Entity Name: DEDICATED DELIVERANCE TEACHING MINISTRY, INC.

Current Principal Place of Business:

2501 BRISTOL DR
B14
WEST PALM BEACH, FL 334096463

New Principal Place of Business:

2501 BRISTOL DR
B14
WEST PALM BEACH, FL 33409

Current Mailing Address:

PO BOX 8027
WEST PALM BEACH, FL 334070027

New Mailing Address:

PO BOX 8027
WEST PALM BEACH, FL 33407

FEI Number: 65-0982596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TAYLOR, ANTHONY M
5157 NORMA ELAINE ROAD
WEST PALM BEACH, FL 33417 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: D ( ) Delete
Name: CAMPBELL, CLAUDIA
Address: 610 39TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TS ( ) Delete
Name: MURPHY, SHEILA
Address: 5001 WHEATLEY CT.
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T ( ) Delete
Name: BETHEA, MOREY
Address: 2003 OAKHURST WAY
City-St-Zip: RIVIERA BEACH, FL 33404

Title: TS ( ) Delete
Name: MURPHY, SHEILA
Address: 5102 WHEATLEY COURT
City-St-Zip: BOYNTON BEACH, FL 33426

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:

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: CLAUDIA CAMPBELL D 01/21/2009

Electronic Signature of Signing Officer or Director — Date