2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007203

Name:

Address:

City-St-Zip:

BRENNEN, MARY

110 KENTUCKY AVENUE

FT. LAUDERDALE, FL 33312

FILED May 06, 2008 Secretary of State

Entity Name: TRUE GOSPEL DELIVERANCE INC **Current Principal Place of Business: New Principal Place of Business:** 3471 W BROWARD BLVD. FORT LAUDERDALE, FL 33312 **Current Mailing Address: New Mailing Address:** P.O. BOX 8005 FORT LAUDERDALE, FL 33310 FEI Number: 65-0962537 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: DOCUMENT CENTER INC 7014 NORTH WEST 79TH AVE. TAMARAC, FL 33321 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition THOMAS, ELVIS D. Name: Name: Address: 101 KENTUCKY AVENUE Address: City-St-Zip: FT. LAUDERDALE, FL 33312 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: THOMAS, HENREITTA Name: Address: 101 KENTUCKY AVENUE Address: City-St-Zip: FT. LAUDERDALE, FL 33312 City-St-Zip: Title: () Delete Title: () Change () Addition BRENNEN, GEORGE JR. Name: Name: 110 KENTUCKY AVENUE Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33312 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARY BRENNEN O 05/06/2008