## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007634

Address:

City-St-Zip:

40 E. 19TH ST.

JACKSONVILLE, FL 32206

Entity Name: DELIVERANCE TIME MINISTRY IN

FILED Apr 22, 2009 Secretary of State

Entity Nai	me: DELIVERANCE TIME MINISTRY, IN	C.		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
3149 N. PONCE DE LEON BLVD. #6 ST.AUGUSTINE, FL 32084		203-10B W 48TH ST	203-10B W 48TH ST JACKSONVILLE, FL 32208	
		JACKSONVILLE, FL		
	lailing Address:	New Mailing Addres	New Mailing Address:	
3149 N. PONCE DE LEON BLVD. #6		_	203-10B W 48TH ST JACKSONVILLE, FL 32208	
ST.AUGU	STINE, FL 32084			
FEI Number:	: FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
2105 W. L	MERY, WILLIAM A YMINGTON WAY STINE, FL 32084 US			
	named entity submits this statement for the of Florida.	ne purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:			
Electronic Signature of Registered Age		Agent	nt Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete MONTGOMERY, WILLIAM A 2105 W LYMINGTON WAY ST AUGUSTINE, FL 32084	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () Delete MONTGOMERY, YVETTE R 2105 W LYMINGTON WAY ST AUGUSTINE, FL 32084	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete FORBES, AOLFE K 708 WEST 5TH STREET ST AUGUSTINE, FL 32084	Address: 7740 SOU	(X) Change ( ) Addition ER, DARLENE THSIDE BLVD APT 2205 VILLE, FL 32256	
Title: Name:	T () Delete MCCLENTON, JANICE R	Title: Name:	( ) 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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM A MONTGOMERY P 04/22/2009