

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053131

FILED
Apr 30, 2009
Secretary of State

Entity Name: DELIVERANCE TABERNACLE CHILD DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

1780 W. DETROIT BLVD.
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

1780 W. DETROIT BLVD.
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 59-3620915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, KERRY A ESQ.
2721 GULF BREEZE PKWY.
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

BLUNT, LATAVIA
6720 CHICAGO AVE
PENSACOLA, FL 32526 US

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: LATAVIA BLUNT

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: BLUNT, LATAVIA
Address: 6720 CHICAGO AVENUE
City-St-Zip: PENSACOLA, FL 32526

Title: D () Change (X) Addition
Name: EASLEY, BARBARA J
Address: 621 WARNER AVENUE
City-St-Zip: PENSACOLA, FL 32514

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LATAVIA BLUNT

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date