

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000053131

**FILED**  
**Sep 16, 2010**  
**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:**

BLUNT, LATAVIA  
6720 CHICAGO AVE  
PENSACOLA, FL 32526 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  
Name: BLUNT, LATAVIA  
Address: 6720 CHICAGO AVENUE  
City-St-Zip: PENSACOLA, FL 32526

Title: D  
Name: EASLEY, BARBARA J  
Address: 621 WARNER AVENUE  
City-St-Zip: PENSACOLA, FL 32514

Title: PD  
Name: YOUNG, SHAUNDA L  
Address: 455 MEHARG RD  
City-St-Zip: MOLINO, FL 32577 US

I hereby 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 all other like empowered.

SIGNATURE: SHAUNDA YOUNG

PD

09/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date