

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000214

**Entity Name:** SALVATION AND DELIVERANCE OUTREACH MINISTRY, INC.**Current Principal Place of Business:**932 CASCADES PARK TRAIL  
DELAND, FL 32720**Current Mailing Address:**932 CASCADES PARK TRAIL  
DELAND, FL 32720**FEI Number:** 59-3618652**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROBINSON, VIVIAN B  
932 CASCADES PARK TRAIL  
DELAND, FL 32720 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	ROBINSON, VIVIAN B
Address	932 CASCADES PARK TRAIL
City-State-Zip:	DELAND FL 32720

Title	AS
Name	ROSHER, JERELENE
Address	744 COLFAX DR
City-State-Zip:	DAYTONA BEACH, FL 32114

Title	VC
Name	WILLIAMS, RODNEY
Address	10809 RUSHWOOD WAY
City-State-Zip:	CLERMONT FL 34714

Title	TM
Name	ROBINSON, HARRY J
Address	932 CASCADES PARK TRAIL
City-State-Zip:	DELAND FL 32720

Title	SD
Name	SANTI, KATHLEEN MD
Address	942 TALL PINE DRIVE
City-State-Zip:	PORT ORANGE, FL 32127

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

**SIGNATURE:** VIVIAN B ROBINSON

D

01/29/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date