

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006412

**FILED**  
**Apr 13, 2018**  
**Secretary of State**  
**CC2806484789**

**Entity Name:** HEALING DELIVERANCE PERFECTING THE SAINTS  
OUTREACH INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

104 BEECH STREET NE  
LIVE OAK, FL 32064

**Current Mailing Address:**

PO BOX 1387  
LIVE OAK, FL 32064

**FEI Number: 56-2611874**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SIMPSON, LINDA  
104 BEECH STREET  
LIVE OAK, FL 32064 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	DIRECTOR PRESIDENT	Title	DIRECTOR VICE PRESIDENT
Name	SIMPSON, DR. LINDA	Name	BIVINS, SR., STEVE DR.
Address	104 BEECH STREET NE	Address	104 BEECH STREET NE
City-State-Zip:	LIVE OAK FL 32064	City-State-Zip:	LIVE OAK FL 32064

Title           DIRECTOR

Name           PERKINS, MAURICE DR.

Address        104 BEECH STREET NE

City-State-Zip: LIVE OAK FL 32064

*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: DR. LINDA SIMPSON

DIRECTOR PRESIDENT

04/13/2018

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

\_\_\_\_\_  
Date