I hereby certify that the information indicated on this report or supplemental report is true and a oath; that I am an officer or director of the corporation or the receiver or trustee empowered to above, or on an attachment with all other like empowered.		
SIGNATURE: JULIE MURRAY	D	01/12/2015

SIGNATURE: JULIE MURRAY

City-State-Zip: TALLAHASSEE FL 32310

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :				
Title	D	Title	D	
Name	MURRAY, RICKY SR.	Name	MURRAY, JULIE	
Address	1810 SAXON STREET	Address	1810 SAXON STREET	
City-State-Zip:	TALLAHASSEE FL 32310	City-State-Zip:	TALLAHASSEE FL 32310	
Title	SD			
Name	BAKER, TERALD			
Address	1810 SAXON STREET			

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:

1810 SAXON STREET TALLAHASSEE, FL 32310

DOCUMENT# N1400002083

1810 SAXON STREET TALLAHASSEE, FL 32310

Current Principal Place of Business:

FEI Number: 46-5138666

Current Mailing Address:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MURRAY, RICKY SR. 1810 SAXON STREET TALLAHASSEE, FL 32310 US



Entity Name: FIRST PARTAKERS DELIVERANCE MINISTRIES, INC.

FILED Jan 12, 2015 Secretary of State CC4835749872

Certificate of Status Desired: No

Date

Date