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: MARY ELLEN SNELL

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N34158

Entity Name: CHRISTIAN DELIVERANCE CENTER, INC.

Current Principal Place of Business:

1403 W SPENCER STREET PLANT CITY, FL 33563

Current Mailing Address:

1403 W SPENCER STREET PLANT CITY, FL 33563

FEI Number: 59-2967896

Name and Address of Current Registered Agent:

SNELL, WILLIE A 1401 W SPENCER STREET PLANT CITY, FL 33563 US

Date

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	D	Title	D
Name	SNELL, WILLIE A	Name	SNELL, MARY E
Address	1401 W SPENCER STREET	Address	1401 W SPENCER STREET
City-State-Zip:	PLANT CITY FL 33563	City-State-Zip:	PLANT CITY FL 33563
			_
Title	D	Title	D
Title Name	D ARTHUR, JOHN T	Title Name	D SNELL, TONIKA L
	-		

DIRECTOR

Date

01/23/2023