

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760064

FILED
Jul 25, 2006
Secretary of State

Entity Name: NOW FAITH!! DELIVERANCE TABERNACLE, INC.

Current Principal Place of Business:

9275 NW 32 AVE
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

17488 SW 36TH ST
MIRAMAR, FL 33029 US

New Mailing Address:

FEI Number: 02-1000023 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FORBES, KATRINE
17488 SW 36 ST
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

FORBES, KATRINE
17488 SW 36 ST
MIRAMAR, FL 33029 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: KATRINE FORBES

07/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: FORBES, KATRINE,
Address: 17488 SW 36 ST
City-St-Zip: MIRAMAR, FL 33029

Title: DS () Delete
Name: FORBES, DAVID
Address: 17488 SW 36 ST
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: SPATES, VIOLA F
Address: 11760 BERRY DRIVE
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SPATES, VIOLA F
Address: 5003 LEEWARD LANE
City-St-Zip: DANIA BEACH, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VIOLA F. SPATES

D

07/25/2006

Electronic Signature of Signing Officer or Director

Date