

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002073

FILED  
Jun 30, 2007  
Secretary of State

Entity Name: DELIVRANCE TABERNACLE CHURCH OF NAZARENE, INC.

**Current Principal Place of Business:**

7610 BISCAYNE BLVD  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

7610 BISCAYNE BLVD  
MIAMI, FL 33138

**New Mailing Address:**

FEI Number: 20-4381883      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:**

SEJOUR, JOEL  
2001 NW 107 STREET  
MIAMI, FL 33167 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: SEJOUR, JOEL  
Address: 2001 NW 107 STREET  
City-St-Zip: MIAMI, FL 33167

Title: DT ( ) Delete  
Name: LOUIS, SHERLIANNE  
Address: 1471 NW 137 STREET  
City-St-Zip: MIAMI, FL 33168

Title: DS ( ) Delete  
Name: DONATIEN, JODINE  
Address: 2001 NW 107 STREET  
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete  
Name: CONSTANT, DANIEL  
Address: 460 NE 168 TERR  
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete  
Name: DUPerval, DURAND  
Address: 7610 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOEL SEJOUR

DC

06/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date