2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# N06000007368

Entity Name: GOD OF DELIVERANCE CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

16340 NW 18TH PLACE
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

16340 NW 18TH PLACE
MIAMI, FL 33054

New Mailing Address:

FEI Number: 51-0591730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATHOURISTE, LUC PASTOR
16340 NW 18TH PLACE
MIAMI, FL 33054 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:	DP	( ) Delete
Name:	ATHOURISTE, LUC	
Address:	16340 NW 18TH PLACE	
City-St-Zip:	MIAMI, FL 33054	
Title:	DV	( ) Delete
Name:	BELLANDE, JOHNNY	
Address:	1255 NW 118TH STREET	
City-St-Zip:	MIAMI, FL 33167	
Title:	DV	( ) Delete
Name:	SEVERE, SEPTIMIS	
Address:	12951 NW 22ND	
City-St-Zip:	MIAMI, FL 33161	
Title:	DT	( ) Delete
Name:	EXAVIER, CARLINE	
Address:	780 NE 180TH STREET	
City-St-Zip:	MIAMI, FL 33179	
Title:	DS	( ) Delete
Name:	AUGUSTE, MARIE	
Address:	3121 SW 32ND AVENUE	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	DS	( ) Delete
Name:	PAILLANT, MARISE	
Address:	1515 NE 135TH STREET, N	
City-St-Zip:	MIAMI, FL 33161	

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

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: LUC ATHOURISTE PRES 01/18/2007

Electronic Signature of Signing Officer or Director — Date