FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1	9	9	e

DOCUMENT #
1. Corporation Name N26026

(7)

FAITH ASSEMBLY CHURCH OF DELIVERANCE, INC.											
Principal Place of Business Mailing Address							II DADII BII	HI OFOII DIDH IDDA			
761 NW 17 COURT 761 NW 17 COURT PO BOX 1803 POMPANO BCH FL 33061 POMPANO BCH FL 33061				Date Incorporated or Qualified	3a. Da	nte of Las	st Report				
								04/21/1988		03/17/	'
2. Principal Pl	ace of Business	2a. Mail	ling Address					4. FEI Number			Applied For
21		26						65-0047550			Not Applicable
Suite, Apt.	#, etc.	├ ──`	e, Apt. #, etc.				ĺ	5. Certificate of Status Desired	XÎ		5 Additional
City & State	3	27 City	& State					6 Flating Compaign Financias			e Required
23		28	O Ollice				ĺ	6. Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip	Country	Zip		Cou	ntry			8. This corporation has liability for in	tangible ta		
24	25	29		30				Florida Statutes			o. 700.002,
	9. Name and Address of Currer	nt Registered	d Agent					10. Name and Address of New Re	gistered	Agent	
					81	Name					
WATKIN				ŀ	82	Street Ac	ddress	s (P.O. Box Number is Not Acceptable	9)		
	V SECOND AVENUE			}	83	·					
POMPAN	NO BEACH FL 33060			}	63						
					84	City			FL	85	Zip Code
11. Pursuant	to the provisions of Sections 617.0502	2 and 617,150	08. Florida Statute	s, the abo	ve-n	amed core	poratio	on submits this statement for the purc	ose of cha	naina its	registered office
or register	red agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such chai	nge was authorize	ed by the c	orpo	oration's bo	oard c	of directors. I hereby accept the appo	ntment as	registere	ed agent. I am
	in, and accept the obligations of, Sect	COCO. 11 D HOI	, riunua statutes.								
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicat	ble. (NO	TE: Registered	Agent	t signature requ	jurad wh	en reinstating)	DATE		
12.	OFFICERS AN	D DIRECTOR	S	13.				ADDITIONS/CHANGES TO OFFI	FRS AND	DIRECT	IORS IN 12
TITLE	P		DEFELE	1.1 Til	LE				[Change	Addition
NAMÉ	Bell, Mark			1.2 NA	ME						
STREET ADDRESS	761 NW 17 COURT			1.3 ST	REET.	ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL		- Inches	1.4 CI		T-ZIP					
TITLE	D		DELETE	2.1 7(1					l	Change	Addition
NAME .	BOYD, CORINE			2.2 NA							
STREET ADDRESS	5520 CYPRESS RD					ADDRESS					
CITY-ST-ZIP TITLE	PLANTATION FL ST		DELETE	2. 4 CI 3.1 TII		1 - ZIP				Change	Addition
NAME	MCWHORTER, LUVENIA			3.1 NA					L		,
STREET ADDRESS	3410 NW 45 TERRACE					ADDRESS					
CITY - ST - ZIP	FT. LAUDERDALE FL			3.4. CI							
TITLE	VP		DELETE	4.1 TII						Change	Addition
NAME	BACON, EARL			4. 2 N	AME						
STREET ADDRESS	150 NE 7TH STREET			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL			4.4 00	IY - S1	T - Z(P					
TITLE	D		DELETE	5.1 Til	LE					Change	Addition
NAME	CARSON, SALLIE			5.2 NA	ME						
STREET ADDRESS	5611 N.W. 15TH ST. APT 1			5.3 \$1	reet	ADDRESS					
CITY-ST-ZIP	LAUDERHILL FL		Popusie	5 4 CI		T - 21P				٦	
TITLE			DELETE	6.1 111					[Change	e Addition
NAME				6.2 NA							
STREET ADDRESS						ADDRESS					
CITY - ST - ZIP	by certify that the information supplied	with this files	ie valuntarily fora	646l			fu for *	he exemption stated in Postion 140.6	7/21/12 51-	rido Ctat	utoe I furthe-
The same of the same	A Man fata con the factor of the Man	versa constant	TO VOIGHRAINING TURN	or root carro	J-000	- nor Anam	19 101 L	and description a stated in decitor (19.0	o july, MU	nua sidi	utos. i turtrier

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ___

11 CVA BUK MACIP Bell BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR