


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N26026**


1. Entity Name  
 FAITH ASSEMBLY CHURCH OF DELIVERANCE, INC.



Principal Place of Business  
 2990 NW 5TH ST  
 POMPANO BEACH, FL 33069

Mailing Address  
 761 NW 17 COURT  
 PO BOX 1803  
 POMPANO BCH, FL 33061

**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0047550	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, INEZ  
 1720 NW SECOND AVENUE  
 POMPANO BEACH, FL 33060

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, MARK 761 NW 17 COURT POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOYD, CORINE 5520 CYPRESS RD PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BELL, KATHERINE 761 NW 17TH CT POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACON, EARL 150 NE 7TH STREET FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JOHNNIE MAE 2796 N.W. SECOND STREET POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000256727  
 03/09/05-80025-015 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Katherine Bell - Secretary, Treasurer 3-7-05 754 943-7591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #