

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90050 001 \*\*\*\*61.25

04-04-2006 90050 002 \*\*\*\*\*8.75

**DOCUMENT # N95000002414**

1. Entity Name

**GREATER FIRST CHURCH OF DELIVERANCE, INC.**



Principal Place of Business

**7640 NORTH WEST 7TH AVENUE  
MIAMI, FL 33150**

Mailing Address

**7620 NW 14TH COURT  
MIAMI, FL 33147**

**DO NOT WRITE IN THIS SPACE**



03142006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

**65-0590387**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EZELL, SHIRLEY A  
7620 NORTH WEST 14TH COURT  
MIAMI, FL 33147**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**PD  
EDWARDS, MARY E  
7620 NW 14TH COURT  
MIAMI, FL 33147**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP/D  
EZELL, SHIRLEY A  
7620 NW 14TH COURT  
MIAMI, FL 33147**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
GARCIA, DEBORAH B  
10910 SW 177TH ST.  
MIAMI, FL 33157**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Shirley A Ezell* **SHIRLEY A. EZELL**

**3/14/06** **305-836-5450**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #