



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000002414 1. Entity Name GREATER FIRST CHURCH OF DELIVERANCE, INC.	
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Principal Place of Business 7640 NORTH WEST 7TH AVENUE MIAMI, FL 33150	Mailing Address 7620 NW 14TH COURT MIAMI, FL 33147
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DO NOT WRITE IN THIS SPACE



03102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0590387	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EZELL, SHIRLEY A 7620 NORTH WEST 14TH COURT MIAMI, FL 33147	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

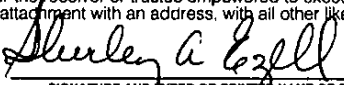
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, MARY E 7620 NW 14TH 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	

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04/10/07-80037-002 61.25

**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** **3/10/07** **305-836-5450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #