


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000002561</b>					
1. Entity Name <b>TRINITY PENTECOSTAL DELIVERANCE CHURCH OF GOD, INC.</b>					
Principal Place of Business <b>3788 SW 40TH ST HOLLYWOOD FL 33023</b>			Mailing Address <b>3788 SW 40TH ST HOLLYWOOD FL 33023</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>11-2653554</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MONROE, ALICE 3788 SW 40TH STREET HOLLYWOOD FL 33023</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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 re-registering) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>DAVIS, SANDY</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	<b>3405 SW 64TH AVENUE</b>	NAME	<b>U00000483239</b>		
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	STREET ADDRESS	<b>04/11/06-80111-004 61.25</b>		
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>NEWLAND, RUPERT</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	<b>3788 SOUTH WEST 40TH STREET</b>	NAME			
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>WALLACE, JANICHT</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	<b>3789 SOUTH WEST 40TH STREET</b>	NAME			
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>TOMLINSON, MA-JONIE</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	<b>981 NW 181ST STREET</b>	NAME			
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>RITA COKE</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	<b>6032 BUCHANAN ST</b>	NAME			
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete				
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Rev. Alice Monroe* *3-23-2006*