


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # N95000002561 1. Entity Name TRINITY PENTECOSTAL DELIVERANCE CHURCH OF GOD, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 3788 SW 40TH ST HOLLYWOOD FL 33023 | Mailing Address 3788 SW 40TH ST HOLLYWOOD FL 33023 |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/07)

| | |
|--------------------------------------|--------------------------------------|
| City & State Zip Country | City & State Zip Country |
|--------------------------------------|--------------------------------------|

| | |
|---|--|
| 4. FEI Number 11-2653554 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent MONROE, ALICE 3788 SW 40TH STREET HOLLYWOOD FL 33023 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and Title (if applicable) (NOTE: Registered Agent name required when registering)

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | DAVIS, SANDY | NAME | |
| STREET ADDRESS | 3405 SW 64TH AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | MIRAMAR FL 33023 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | NEWLAND, RUPERT | NAME | |
| STREET ADDRESS | 3788 SOUTH WEST 40TH STREET | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | WALLACE, JANICTH | NAME | |
| STREET ADDRESS | 3789 SOUTH WEST 40TH STREET | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | TOMLINSON, MA-JONIE | NAME | |
| STREET ADDRESS | 961 NW 181ST STREET | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33169 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | RITA COKE | NAME | |
| STREET ADDRESS | 6032 BUCHANAN ST | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

UN00000852594
03/26/08-80035-011-61.25

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: *Alice Monroe Astor* 3/11/08