

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001506

**Entity Name:** THE SANCTUARY OF THE LORD DELIVERANCE CENTER, INC**Current Principal Place of Business:**425 SW 4 AVE  
APT. 417  
FORT LAUDERDALE, FL 33315**Current Mailing Address:**425 S.W. 4TH AVE  
APT. 417  
FORT LAUDERDALE, FL 33315 US**FEI Number:** 65-0991550**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HANNOR, ANNIE  
425 S.W. 4TH AVE  
APT. 417  
FORT LAUDERDALE, FL 33315 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	HANNOR, ANNIE
Address	425 S.W. 4TH AVE APT. 417
City-State-Zip:	FORT LAUDERDALE FL 33315

Title	VP
Name	COPELAND, L.C.
Address	1641 NW 38TH AVE
City-State-Zip:	LAUDERHILL FL 33311

Title	ED
Name	WILLIAMS, MAXINE
Address	1220 N.W. 8TH STREET APT. 105
City-State-Zip:	FT. LAUDERDALE FL 33311

Title	T
Name	BROWN, TAMETRIA
Address	3450 NW 35TH STREET
City-State-Zip:	LAUDERDALE LAKES FL 33309

Title	DEACONESS
Name	PYFROM, TIKI
Address	4501 N.W. 171 STREET
City-State-Zip:	MIAMI GARDENS FL 33055

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANNIE HANNOR****PRESIDENT****04/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date