

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001858

**FILED**  
**Jan 11, 2015**  
**Secretary of State**  
**CC1571047388**

**Entity Name:** DELIVERANCE TEMPLE FIRST BORN CHURCH, INC.

**Current Principal Place of Business:**

5715 HARDAWAY ROAD  
CHATTAHOOCHEE, FL 32324

**Current Mailing Address:**

P.O. BOX 354  
CHATTAHOOCHEE, FL 32324

**FEI Number: 59-3295441**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DEAS, TITUS BJR.  
225 QUAIL ROAST DRIVE  
QUINCY, FL 32352 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 PD  
Name DEAS, TITUS BJR.  
Address 225 QUAIL ROAST DR  
City-State-Zip: QUINCY FL 32352

Title VD  
Name DEAS, SAKINA  
Address 225 QUAIL ROOST DRIVE  
City-State-Zip: QUINCY FL 32352

Title SD  
Name HOLMES, FANNIE  
Address 4341 SLASH PINE LANE  
City-State-Zip: TALLAHASSEE FL 32304

Title TD  
Name WILLIAMS, PENNY R  
Address 325 COCHRAN ROAD  
City-State-Zip: CHATTAHOOCHEE FL 32324

Title D  
Name MCMILLAN, DOROTHY J  
Address 61 GOLDWIRE ROAD  
City-State-Zip: QUINCY FL 32352

Title D  
Name GERMANY, TORI VSR  
Address 437 FAIRCLOTH ROAD  
City-State-Zip: CHATTAHOOCHEE FL 32324

Title D  
Name CLOSE, MARTY  
Address 400 BYRD ROAD  
City-State-Zip: QUINCY FL 32351

*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: FANNIE HOLMES**

**SECRETARY**

**01/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date