

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008151

**Entity Name:** NO SOULS LEFT BEHIND INTERNATIONAL DELIVERANCE MINISTRIES, INC.

**FILED**  
**Jan 30, 2016**  
**Secretary of State**  
**CC2846794604**

**Current Principal Place of Business:**

2716 NW 8TH STREET  
FORT LAUDERDALE, FL 33311-6635

**Current Mailing Address:**

2716 NW 8TH STREET  
FORT LAUDERDALE, FL 33311-6635

**FEI Number: 80-0463687**

**Certificate of Status Desired: Yes**

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

BYFIELD, ANGELA  
2716 NW 8TH STREET  
FORT LAUDERDALE, FL 33311-6635 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 BYFIELD, JACOB  
Address 2716 NW 8TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33311-6635

Title VD  
Name BYFIELD, ANGELA  
Address 2716 NW 8TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33311-6635

Title TSD  
Name SHARON, HUNTER D  
Address 3321 NW 14 PLACE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title D  
Name HICKS, ANTWAN  
Address 1140 NE 4TH AVE.  
City-State-Zip: FORT LAUDERDALE FL 33311

Title D  
Name LAKEISHA, KNOWLES D  
Address 2716 NW 8TH ST  
City-State-Zip: LAUDERDALE FL 33311

Title D  
Name KNOWLES, JOSEPH  
Address 2716 NW 8 ST  
City-State-Zip: FT LAUDERDALE FL 33311

*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: JACOB BYFIELD**

**PD**

**01/30/2016**

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

\_\_\_\_\_  
Date