

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008151

**Entity Name:** NO SOULS LEFT BEHIND INTERNATIONAL DELIVERANCE MINISTRIES, INC.**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:** No**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	VP
Name	BYFIELD, JACOB
Address	2716 NW 8TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33311-6635

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

Title	CFO
Name	SHARON, HUNTER D
Address	3321 NW 14 PLACE
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	DEACON
Name	KNOWLES, JOSEPH
Address	2716 NW 8 ST
City-State-Zip:	FT LAUDERDALE FL 33311

Title	PASTOR
Name	SMITH, LISA C.
Address	2716 NW 8TH ST
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	DEACON
Name	HICKS, ANTWAN A.
Address	2730 NW 13TH CT
City-State-Zip:	FORT 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: ANGELA BYFIELD****PD****02/08/2017**

Electronic Signature of Signing Officer/Director Detail

Date