

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

DOCUMENT# N11000000890

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC4317250336**

**Entity Name:** CHURCH OF DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

2004 VALENCIA AVE  
FT PIERCE, FL 34946

**Current Mailing Address:**

2004 VALENCIA AVE  
FT PIERCE, FL 34946

**FEI Number:** 90-0647764

**Certificate of Status Desired:** No

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

KENYON, CAROL  
2004 VALENCIA AVE  
FT PIERCE, FL 34946 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 KENYON, LUKELL  
Address 2004 VALENCIA AVE  
City-State-Zip: FT PIERCE FL 34946

Title VP  
Name KENYON, CAROL  
Address 2004 VALENCIA AVE  
City-State-Zip: FT PIERCE FL 34946

Title S  
Name BROWN, JACQUELINE D  
Address 28658 N COURSE DR APT 206  
City-State-Zip: POMPANO BEACH FL 33069

*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:** CAROL KENYON

VP

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date