

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001899

**Entity Name:** SPIRIT AND TRUTH WORSHIP DELIVERANCE CENTER,  
INCORPORATED

**Current Principal Place of Business:**

20330 N. W. 32ND AVENUE  
MIAMI GARDENS. FLORIDA, AL 33056

**Current Mailing Address:**

20330 N. W. 32ND AVENUE  
MIAMI GARDENS. FLORIDA, AL 33056 US

**FEI Number: 82-1088935**

**Certificate of Status Desired: No**

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

BERRY, DARLYNN J  
20330 N. W. 32ND AVENUE  
MIAMI GARDENS. FLORIDA, FL 33056 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/A  
Name BERRY, DARLYNN J  
Address 20330 N. W. 32ND AVENUE  
City-State-Zip: MIAMI GARDENS, FL 33056

Title M/S  
Name POOLE, ROSETTA  
Address 20330 N. W. 32ND AVENUE  
City-State-Zip: MIAMI GARDENS. FLORIDA FL 33056

Title E/AD  
Name BERRY, JOHN H  
Address 20330 N. W. 32ND ASVENUE  
City-State-Zip: MIAMI GARDENS, FL 33056

*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: DARLYNN BERRY

PASTOR/APOSTLE

03/13/2018

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

\_\_\_\_\_ Date