

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000010602

**Entity Name:** LOOK TO THE WORD DELIVERANCE MINISTRY INC

**Current Principal Place of Business:**

6191 ORANGE DR STE 6179  
DAVIE, FL 33314

**Current Mailing Address:**

53 RIVIERA LANE  
PALM COAST, FL 32164 US

**FEI Number: 92-3694468**

**Certificate of Status Desired: No**

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

MORRIS, JENNIFER P  
53 RIVIERA LANE  
PALM COAST, FL 32164 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  
Name NOTICE, STEPHEN  
Address 53 RIVIERA LANE  
City-State-Zip: PALM COAST FL 32164

Title VP  
Name MORRIS, JENNIFER P  
Address 53 RIVIERA LANE  
City-State-Zip: PALM COAST FL 32164

Title DR  
Name RIVERS, CHERYL  
Address 11978 LOVEJOY CROSSING WAY  
City-State-Zip: HAMPTON GA 30228

Title DIRECTOR  
Name PITTER, SIMON  
Address 1488 CAPITOL AVE UNIT D403  
City-State-Zip: BRIDGEPORT CT 06604

Title DIRECTOR  
Name KENTISH, LATOYA  
Address 4759 NW 90TH AVE  
City-State-Zip: SUNRISE FL 33351

*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: STEPHEN NOTICE**

**PRESIDENT**

**04/25/2023**

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

\_\_\_\_\_  
Date