

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000010602

**FILED  
Mar 21, 2022  
Secretary of State  
5753402672CC**

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

**Current Principal Place of Business:**

12360 SW 189TH STREET  
MIAMI, FL 33177

**Current Mailing Address:**

12360 SW 189TH STREET  
MIAMI, FL 33177 UN

**FEI Number: 88-1325503**

**Certificate of Status Desired: No**

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

MORRIS, JENNIFER P  
12360 SW 189TH STREET  
MIAMI, FL 33177 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 10 RENN LANE  
City-State-Zip: PALM COAST FL 32164

Title VP  
Name MORRIS, JENNIFER P  
Address 12360 SW 189TH STREET  
City-State-Zip: MIAMI FL 33177

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

Title DR  
Name MASON, DELTON  
Address 2040 NW 28TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33311

Title DR  
Name MEIKLE, PHILLIP  
Address 12360 SW 189TH STREET  
City-State-Zip: MIAMI FL 33177

*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: JENNIFER MORRIS**

**MANAGER**

**03/21/2022**

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

\_\_\_\_\_  
Date