

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26026

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC7319839529**

**Entity Name:** FAITH ASSEMBLY CHURCH OF DELIVERANCE, INC.

**Current Principal Place of Business:**

2990 NW 5TH ST  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

761 NW 17 COURT  
PO BOX 1803  
POMPANO BCH, FL 33061

**FEI Number:** 65-0047550

**Certificate of Status Desired:** Yes

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

WATKINS, INEZ  
1720 NW SECOND AVENUE  
POMPANO BEACH, FL 33060 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 BELL, MARK  
Address 761 NW 17 COURT  
City-State-Zip: POMPANO BEACH FL

Title ST  
Name BELL, KATHERINE  
Address 761 NW 17TH CT  
City-State-Zip: POMPANO BEACH FL 33060

Title D  
Name HUDSON, CLARENCE  
Address 433 SW 2ND ST  
City-State-Zip: POMPANO BEACH FL 33060

Title D  
Name WILCOX, MILDRED  
Address 3370 NW 8TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33311

Title DIRECTOR  
Name BELL, MARISSA K  
Address 761 NW 17TH COURT  
City-State-Zip: POMPANO FL 33060

*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:** MARK BELL

**PRESIDENT**

**04/17/2014**

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

\_\_\_\_\_  
Date