

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

DOCUMENT# N50295

**Entity Name:** FAITH IN ACTION DELIVERANCE MINISTRIES & EDUCATION,  
CENTER, INC.

**FILED**  
**Mar 07, 2016**  
**Secretary of State**  
**CC2730805982**

**Current Principal Place of Business:**

18190 S.W. 102ND AVENUE  
MIAMI, FL 33157

**Current Mailing Address:**

18190 S.W. 102ND AVENUE  
MIAMI, FL 33157

**FEI Number: 65-0345340**

**Certificate of Status Desired: No**

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

FERGUSON, BETTIE  
11960 SOUTHWEST 173RD 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	Title	VP
Name	FERGUSON, BETTIE MDR.	Name	FERGUSON, CHARLES
Address	11960 SW 173 STREET	Address	11960 SW 173 ST
City-State-Zip:	MIAMI FL 33177	City-State-Zip:	MIAMI FL 33177
Title	S/T		
Name	NELSON, SONYA L		
Address	12340 SW 212 ST		
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: BETTIE M. FERGUSON**

**REV. DR.**

**03/07/2016**

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

\_\_\_\_\_  
Date