

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90144 012 \*\*\*\*70.00

**DOCUMENT # 714471**

1. Entity Name

THE FREE CHURCH OF DELIVERANCE, INC.



Principal Place of Business

1531 NW 18TH AVE.  
POMPANO BEACH FL 33069  
US

Mailing Address

2470 N.W. 30 TERR.  
FORT LAUDERDALE FL 33311  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0650902

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

BRYANT, DOROTHY  
2470 NW 30TH TERRACE  
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRYANT, DOROTHY	
STREET ADDRESS	2470 N.W. 30 TERR	
CITY-ST-ZIP	FT. LAUD. FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MACKEY, BELINDA W	
STREET ADDRESS	657 N.W. 19TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HERBERT, BARBARA	
STREET ADDRESS	800 NW 30TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	P	<input type="checkbox"/> Delete
NAME	VIVAN, MCDOUGLE	
STREET ADDRESS	2695 NW 22 ND ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALLACE, MICHAEL	
STREET ADDRESS	6260 SW 8TH ST	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Barnes	
STREET ADDRESS	1221 NW 3 <sup>RD</sup> AVE	
CITY-ST-ZIP	Pompano Beach FL 33360	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Dorothy Bryant* *Dorothy Bryant* 3-28-06 954-733-0296