
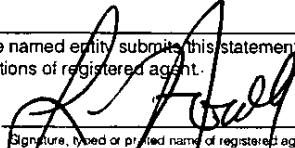
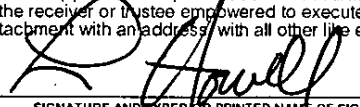


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90160 009 ****70.00

DOCUMENT # 722653 1. Entity Name FULL GOSPEL DELIVERANCE CHURCH, INC.					
Principal Place of Business 21301 POWERLINE RD 306 BOCA RATON FL 33433-2391			Mailing Address 21301 POWERLINE RD 306, % STOLAR BOCA RATON FL 33433-2391		
2. Principal Place of Business 3545 N.W. 82ND Street		3. Mailing Address 3545 N.W. 82ND Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Miami, FL.			
City & State Miami, FL.		City & State 			
Zip 33147	Country Miami, Dade	Zip 33147	Country Miami, Dade	4. FEI Number 23-7168001	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STOLAR, ALLEN D 21301 POWERLINE RD #306 BOCA RATON FL 33433-7453			7. Name and Address of New Registered Agent Name LORENZO HOWELL Street Address (P.O. Box Number is Not Acceptable) 3545 N.W. 82ND Street City Miami, FL Zip Code 33147		
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  DATE 3-4-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD HOWELL, WILLIAM B., REV. 1846 OLD HWY 6 CROSS SC 29436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.M.D. HOWELL, WILLIAM B., Rev 300 POCHER, AVENUE, P.O. BOX 486 EUTAWVILLE, S.C. 29048	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOWELL, MARY E. 1846 OLD HWY 6 CROSS SC	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOWELL, MARY E. 300 POCHER AVE., P.O. Box 486 EUTAWVILLE, S.C. 29048	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, LORENZO 3545 NW 82ND STREET MIAMI FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D. HOWELL, LORENZO 3545 N.W. 82ND STREET MIAMI, FL. 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			3-4-05 (305) 836-4020		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					