06 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 722653

1. Entity Name
FULL GOSPEL DELIVERANCE CHURCH, INC.

Principal Place of Business	Mailing Address
3545 NW 82ND STREET MIAMI, FL 33147	3545 NW 82ND STREET MIAMI, FL 33147

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01212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
23-7168001
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOWELL, LORENZO
3545 NW 82ND STREET
MIAMI, FL 33147

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PMD
NAME	HOWELL, WILLIAM B., REV.
STREET ADDRESS	300 POCHER AVENUE, P.O. BOX 486
CITY-ST-ZIP	EUTAWVILLE, SC 29048
TITLE	STD
NAME	HOWELL, MARY E.
STREET ADDRESS	300 POCHER AVE, P.O. BOX 486
CITY-ST-ZIP	EUTAWVILLE, SC 29048
TITLE	D
NAME	HOWELL, LORENZO
STREET ADDRESS	3545 NW 82ND STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VPD
NAME	HOWELL, LORENZO
STREET ADDRESS	3545 NW 82ND STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/06-80065-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Lorenzo Howell LORENZO HOWELL 1-21-06 305-219-8375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #