2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90388 027 ****61.25

DOCUMENT # 731770

1. Entity Name
THE CHURCH OF CHRIST OF DELIVERANCE, INCORPORATED

Principal Place of Business
4215 S.W. 19TH STREET
HOLLYWOOD, FL 33023

Mailing Address
4215 S.W. 19TH STREET
HOLLYWOOD, FL 33023

400089

04112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2130197 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SCHLICHTE JR., RAY A.
2134 HOLLYWOOD BLVD.
HOLLYWOOD, FL

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

Filing Fee Is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PAYNE, LEOLA
STREET ADDRESS	2205 S.W. 48 AVE
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	VP
NAME	PAYNE, NATHANIEL
STREET ADDRESS	2205 S.W. 48 AVE.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	D
NAME	CORBETT, DENNIS
STREET ADDRESS	2847 FLETCHER ST.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	D
NAME	BLACKSHURE, CHARLES
STREET ADDRESS	5733 S.W. 18TH ST.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	D
NAME	CORBETT, EVELYN
STREET ADDRESS	2847 FLETCHER ST.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	D
NAME	ANDERSON, ANDY
STREET ADDRESS	2920 N.W. 187 ST.
CITY-ST-ZIP	CAROL CITY, FL

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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: Leola Payne - Leola Payne 4/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #