

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731770

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: THE CHURCH OF CHRIST OF DELIVERANCE, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2130197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PAYNE, LEOLA  
Address: 2205 S.W. 48 AVE  
City-St-Zip: HOLLYWOOD, FL

Title: VP ( ) Delete  
Name: PAYNE, NATHANIEL  
Address: 2205 S.W. 48 AVE.  
City-St-Zip: HOLLYWOOD, FL

Title: D ( ) Delete  
Name: CORBETT, DENNIS  
Address: 2847 FLETCHER ST.  
City-St-Zip: HOLLYWOOD, FL

Title: D ( ) Delete  
Name: BLACKSHURE, CHARLES  
Address: 5733 S.W. 18TH ST.  
City-St-Zip: HOLLYWOOD, FL

Title: D ( ) Delete  
Name: CORBETT, EVELYN  
Address: 2847 FLETCHER ST.  
City-St-Zip: HOLLYWOOD, FL

Title: D ( ) Delete  
Name: ANDERSON, ANDY  
Address: 2920 N.W. 187 ST.  
City-St-Zip: CAROL CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEOLA PAYNE

P

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date