

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

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90156 013 ****61.25

DOCUMENT # 737840

1. Entity Name

FAITH DELIVERANCE CENTER, INC. OF BROWARD



Principal Place of Business

3051 N. 24TH AVE.
POB 1212
HOLLYWOOD FL 33020
US

Mailing Address

P.O. BOX 1212
POB 1212
HOLLYWOOD FL 33022
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2829740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RORIE, JAMES A.
7465 NW 48TH PLACE.
LAUDERHILL FL 33319

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 re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RORIE, JAMES A ☐ Delete
STREET ADDRESS 7465 NW 48TH PLACE
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VDC
NAME RORIE, LIONEL M ☐ Delete
STREET ADDRESS 7465 NW 48TH PLACE
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT
NAME SMITH, PAULA ☐ Delete
STREET ADDRESS 17630 NW 14TH AVE
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME MAJOR, REGINA ☐ Delete
STREET ADDRESS 2547 NW 15TH COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME NYSTROM, DONALD ☒ Delete
STREET ADDRESS 114 LAKE EMERALD APT 208
CITY-ST-ZIP OAKLAND PARK FL 33304

TITLE SD
NAME DONALD FREEMAN ☒ Addition
STREET ADDRESS 16167 South West 29th Street
CITY-ST-ZIP Miramar, FL 333027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Dr. James Rorie*

3/30/06 954-922-1112