2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 25, 2008 08:00 AN **DOCUMENT # 737840** 1. Entity Name **Secretary of State** FAITH DELIVERANCE CENTER, INC. OF BROWARD Principal Place of Busiless Mailing Address 3051 N. 24TH AVE. P.O. BOX 1212 POB 1212 POB 1212 HOLLYWOOD FL 33022 HOLLYWOOD FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2829740 No: Applicable Zip Country $Z_{\rm ip}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RORIE, JAMES A. Street Address (P.O. Box Number is Not Acceptable) 7465 NW 48TH PLACE LAUDERHILL FL 33319 Zip Code City 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 CATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delote TITLE Change Addition RORIE, JAMES A NAME NAME U00000839563 7465 NW 48TH PLACE STREET ADDRESS STREET ADDRESS 03/06/08-80013-008 61.25 LAUDERHILL FL 33319 CITY - ST- ZiP CITY - ST - 7IP Change Addition TITLE ☐ Delate TITLE RORIE, LIONEL M NAME NAME 7465 NW 48TH PLACE STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319 CHTY-ST-ZIP CITY: ST-7IP TITLE Delete. TITLE ☐ Change ☐ Addition SMITH, PAULA NAME LAME 17630 NW 14TH AVE STREET ADDRESS SIREET ADDRESS MIAMI FL 33169 CITY-ST-7IP CITY-ST-7:P Change Addition TITLE Delete TITLE MAJOR, REGINA NAME MALAF 2547 NW 15TH COURT STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33311 017Y-ST-7:P CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE FREEMAN, DONALD NAME NAME 16157 SW 29TH ST STREET ADDRESS STREET AUDRESS MIRAMAR FL 33027 CITY-ST-ZIP CITY-ST-7:P TILLE ☐ Delete Change ContibbA .... RE

12. I hereby certify that the information supplied with this filling 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 others like empowered.

NAME

STRUET ADDRESS CITY: ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

amus a. Kori