2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90048 039 ****61.25

DOCUMENT # 740070

1. Entity Name

JESUS SUPERNATURAL DELIVERANCE CHURCH, INC.

Principal Place of Business	Mailing Address
700 NW 21ST AVENUE POMPANO BEACH FL 33069-2439 US	P.O BOX 666843 POMPANO BEACH FL 33066 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1776103 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASTEN, GEORGE W
2430 N PINE ISLAND ROAD
SUNRISE FL 33322-3268

7. Name and Address of New Registered Agent

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 reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	O JACOBS, LOVEIST 1548 N.W. 15TH AVE. FT LAUDERDALE FL 33101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MASTEN, GEORGE W 2430 N. PINE ISLAND RD SUNRISE FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MASTEN, GEORGE W 2430 N.PINE ISLAND RD SUNRISE, FL 33322 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIS, HERBERT 1524 N.W. 2ND ST. POMPANO BEACH FL 33069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CRAWFORD, TERRY 2822 NW52nd COURT TAMARAC, FL 33169 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS MASTEN, BRENDA W 2430 N PINE ISLAND ROAD SUNRISE FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAWFORD, TERRY 2822 NW 52ND COURT TAMARAC FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR McLAMORE, GARY 591 NE 38th STREET POMPANPO BCH, FL 33064 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JACKSON, MYRTICE 820 NW 170TH TERRACE MIAMI FL 33169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SMITH,W. MATTIE 412 E. EVANSTON CIRCLE FORT LAUDERDALE, FL 33312 ☒ Change ☐ Addition

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: GEORGE W. MASTEN _____ FEBRUARY 18,2004 954-974-8773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #