2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 745130

1. Entity Name
SUPERNAUTAL DELIVERANCE CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
401 DEPOT AVENUE PO BOX 2382 DELRAY BEACH, FL 33447	401 DEPOT AVENUE PO BOX 2382 DELRAY BEACH, FL 33447

DO NOT WRITE IN THIS SPACE

04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREWS, TONIE DAVID REV
401 DEPOT AVENUE
P.O. BOX 2382
DELRAY BEACH, FL 33447

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDREWS, TONIE DAVID
STREET ADDRESS	401 DEPOT AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33447
TITLE	VD
NAME	ANDREWS, TONIE D.
STREET ADDRESS	1881 N.E. 2 LANE
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	STD
NAME	SMITH, ANNIE PEARL
STREET ADDRESS	531 WILKINSON RD.
CITY-ST-ZIP	LANTANA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80012-023 61.25

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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: Tonie Andrews 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #