

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 746863

1. Entity Name
**DELIVERANCE CHURCH OF OUR LORD JESUS OF THE
APOSTOLIC FAITH, INC.**



Principal Place of Business
**5504 BROOKLYN ROAD
JACKSONVILLE, FL 32209**

Mailing Address
**PO BOX 66161
5504 BROOKLYN ROAD
JACKSONVILLE, FL 32208-6161**



02182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0330400

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOBLEY, ELDER AARON
2015 TUSKEEGEE ROAD
JACKSONVILLE, FL 32209**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOBLEY, ELDER AARON 2015 TUSKEEGEE RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LANE, PATRICIA 10551 PINE ESTATES ROAD EAST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHEVER, REGINALD 3134 SEINE DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000838953
03/05/08-80052-003 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Reginald Chever Reginald Chever 2/18/08 (904) 768-8147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #