


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90031 013 ****70.00

DOCUMENT # 747125
 1. Entity Name
THE CENTER FOR FAITH DELIVERANCE, INC.



Principal Place of Business: 1730 NW 10 AVE, FT LAUDERDALE FL 33311, US
 Mailing Address: 10115 NW 23RD COURT, CORAL SPRINGS FL 33065, US
936 W Tropical way Plantation Fla 33317

20031088



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: *1730 NW 10 ave*
 Suite, Apt. #, etc.: *28 Lauderdale Fla 33311*
 City & State: *Broward*

3. Mailing Address: *936 W Tropical way Plantation Fla 33317*
 Suite, Apt. #, etc.:
 City & State:
 Zip: *Broward* Country:

4. FEI Number: **59-1917512** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
WARD, BEULAH
936 W Tropical way Plantation Fla 33317
~~10115 NW 23RD CT. CORAL SPRINGS FL 33065~~

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE: PD	<input type="checkbox"/> Delete
NAME: WARD, BEULAH	
STREET ADDRESS: 10115 NW 23RD CT.	<i>936 W Tropical way Plantation Fla 33317</i>
CITY-ST-ZIP: CORAL SPRINGS FL 33065	
TITLE: STD	<input type="checkbox"/> Delete
NAME: GERAL, MAMIE	
STREET ADDRESS: 805 NW 13 AVE	
CITY-ST-ZIP: FORT LAUDERDALE FL 33311	
TITLE: VMD	<input checked="" type="checkbox"/> Delete
NAME: LOY, MYRNA	
STREET ADDRESS: 10115 NW 23RD CT.	
CITY-ST-ZIP: CORAL SPRINGS FL 33065	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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: *BEULAH WARD*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-05
 Date: _____ Daytime Phone # _____