

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

**FILED  
Apr 10, 2008  
Secretary of State**

DOCUMENT# 747125

Entity Name: THE CENTER FOR FAITH DELIVERANCE, INC.

**Current Principal Place of Business:**

1730 NW 10 AVE  
FT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

1128 N W 31 AVE  
FT LAUDERDALE, FL 33311 US

**Current Mailing Address:**

936 US TROPICAL WAY  
FORT LAUDERDALE, FL 33317 US

**New Mailing Address:**

936 W TROPICAL WAY  
PLANTATION, FL 33317 US

FEI Number: 59-1917512      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WARD, BEULAH  
936 W TROPICAL WAY  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WARD, BEULAH  
Address: 936 W TROPICAL WAY  
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: STD ( ) Delete  
Name: GERAL, MAMIE  
Address: 805 NW 13 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VMD ( ) Delete  
Name: LOY, MYRNA  
Address: 10115 NW 23RD CT.  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: JOHNSON, QUINTINA  
Address: 1132 N W 31 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VMD (X) Change ( ) Addition  
Name: LOY, MYRNA  
Address: 936 W TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRNA LOY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VMD

04/10/2008

\_\_\_\_\_  
Date