

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747125

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Entity Name:** THE CENTER FOR FAITH DELIVERANCE, INC.

**Current Principal Place of Business:**

1128 N W 31 AVE  
FT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

936 W TROPICAL WAY  
PLANTATION, FL 33317 US

**New Mailing Address:**

**FEI Number:** 59-1917512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: WARD, BEULAH  
Address: 936 W TROPICAL WAY  
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: STD  
Name: JOHNSON, QUINTINA  
Address: 1128 N W 31 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VMD  
Name: LOY, MYRNA  
Address: 936 W TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

I hereby 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 all other like empowered.

SIGNATURE: MYRNA LOY

VMD

04/10/2011

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

\_\_\_\_\_  
Date