2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 754112

1. Entity Name
CHRIST DELIVERANCE CHURCH INC

Principal Place of Business	Mailing Address
5221 PEMBROKE ROAD HOLLYWOOD, FL 33021 US	15915 N.W. 19TH AVENUE OPA LOCKA, FL 33054

03102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2025684
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERDIE, AINSLEE R.
717 PONCE DE LEON BLVD., SUITE 215
CORAL GABLES, FL 33134

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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

U00000035644
03/24/04-80043-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARRINGTON, BOBBY
STREET ADDRESS	15915 N.W. 19TH AVE
CITY-ST-ZIP	OPA LOCKA, FL 00000,
TITLE	DP
NAME	CROSS, REV CLINTON L
STREET ADDRESS	15915 NW 19 AVE
CITY-ST-ZIP	OPA LOCKA, FL 00000,
TITLE	D
NAME	WIGGINS, JERRYLYN
STREET ADDRESS	15915 NW 19 AVE
CITY-ST-ZIP	OPA LOCKA, FL 00000,
TITLE	TD
NAME	CROSS, REBECCA
STREET ADDRESS	15915 NW 19 AVE
CITY-ST-ZIP	OPA LOCKA, FL 00000,
TITLE	D
NAME	KELLER, MOSES
STREET ADDRESS	15915 NW 19TH AVENUE
CITY-ST-ZIP	OPA LOCKA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: x Clinton L Cross March 10, 2004 305-621-6982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CLINTON L CROSS