# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2006**
**Secretary of State**

DOCUMENT# 754112

**Entity Name:** CHRIST DELIVERANCE CHURCH INC

**Current Principal Place of Business:**

5221 PEMBROKE ROAD
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

15915 N.W. 19TH AVENUE
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number: 59-2025684** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FERDIE, AINSLEE R.
717 PONCE DE LEON BLVD., SUITE 215
CORAL GABLES, FL 33134 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: D ( ) Delete
Name: HARRINGTON, BOBBY
Address: 15915 N.W. 19TH AVE
City-St-Zip: OPA LOCKA, FL 00000,

Title: DP ( ) Delete
Name: CROSS, REV CLINTON L,
Address: 15915 NW 19 AVE
City-St-Zip: OPA LOCKA, FL 00000,

Title: D ( ) Delete
Name: WIGGINS, JERRYLYN
Address: 15915 NW 19 AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: TD ( ) Delete
Name: CROSS, REBECCA,
Address: 15915 NW 19 AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete
Name: KELLER, MOSES
Address: 15915 NW 19TH AVENUE
City-St-Zip: OPA LOCKA, FL

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

Title: DP (X) Change ( ) Addition
Name: CROSS, REV. CLINTON L
Address: 15915 N.W. 19TH AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: TD (X) Change ( ) Addition
Name: CROSS, REBECCA
Address: 15915 NW 19 AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Change ( ) Addition
Name: CROSS, JERRYLYN S
Address: 15915 NW 19 AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Change ( ) Addition
Name: CHRISTIE, DANIEL C
Address: 15915 NW 19 AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Change ( ) Addition
Name: FRAZIER, DARYL G
Address: 15915 NW 19TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the 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: JERRYLYN S. CROSS D 04/20/2006

Electronic Signature of Signing Officer or Director — Date