## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#754112** 

Apr 30, 2007 Secretary of State

Entity Name: CHRIST DELIVERANCE CHURCH INC

**Current Principal Place of Business: New Principal Place of Business:** 5221 PEMBROKE ROAD HOLLYWOOD, FL 33021 US **Current Mailing Address: New Mailing Address:** 15915 N.W. 19TH AVENUE OPA LOCKA, FL 33054 FEI Number: 59-2025684 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERDIE, AINSLEE R 717 PONCE DE LEON BLVD., SUITE 215 CORAL GABLES, FL 33134 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CROSS, REV. CLINTON L Name: Name: 15915 N.W. 19TH AVE Address: Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CROSS, REBECCA Name: Address: 15915 NW 19 AVE Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: Title: () Delete Title: () Change () Addition CROSS, JERRYLYN S Name: Name: 15915 NW 19 AVE Address: Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: Title: ( ) Delete Title: () Change () Addition CHRISTIE, DANIEL C Name: Name: 15915 NW 19 AVE Address: Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: Title: () Delete Title: () Change () Addition FRAZIER, DARYL G Name: Name: 15915 NW 19TH AVENUE Address: Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip:

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: REV. CLINTON L. CROSS DP 04/30/2007