

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 13 1996 8:00 am
Secretary of State

DOCUMENT # 760064 (6)

1. Corporation Name

NOW FAITH DELIVERANCE TABERNACLE, INC.

Principal Place of Business

9275 NE 32 AVE
MIAMI FL 33147
US

Mailing Address

11760 BERRY DR
COOPER CITY FL 33026
US

3. Date Incorporated or Qualified
09/16/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 NOW FAITH DELIVERANCE TAB

Suite, Apt. #, etc.

22 City & State

23 Miami F

Zip

24 33147

Country

25 US

2a. Mailing Address

26 11760 Berry Cooper City FL 33026

Suite, Apt. #, etc.

27 City & State

28 Cooper City FL

Zip

29 33026

Country

30 US

4. FEI Number
02-1000023

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

FORBES, KATRINE
11760 BERRY
COOPER CITY FL 33026

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

KATRINE FORBES

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/1996

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FORBES, KATRINE
STREET ADDRESS 5320 NW 180TH TERR.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME FORBES, DAVID
STREET ADDRESS 11760 BERRY DRIVE
CITY-ST-ZIP COOPER CITY FL

TITLE D
NAME FORBES, VIOLA
STREET ADDRESS 5320 NW 180TH TERRACE
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

KATRINE FORBES

(Signature and typed or printed name of signing officer or director)

3/5/96 (954) 437-3488

Date

Daytime Phone #

CR2E037 (12/95)