

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760064** (6)  
1. Corporation Name  
**NOW FAITH DELIVERANCE TABERNACLE, INC.**



Principal Place of Business <b>8275 NE 32 AVE MIAMI FL 33147 US</b>	Mailing Address <b>11760 BERRY DR COOPER CITY FL 33026-3704 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/16/1981</b>	3a. Date of Last Report <b>03/13/1996</b>
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>02-1000023</b>	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**FORBES, KATRINE**  
**11760 BERRY**  
**COOPER CITY FL 33026**

81 Name **Pastor Katrine Forbes**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **11760 Berry Dr**  
84 City **Cooper City FL** 85 Zip Code **33026**

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 **Dr Katrine Forbes** **Katrine Forbes** **4/7/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>FORBES, KATRINE</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FORBES, KATRINE</b>	1.2 NAME	<b>Joy L. Wilson</b>
STREET ADDRESS	<b>5320 NW 180TH TERR.</b>	1.3 STREET ADDRESS	<b>2272 NW 58 St</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33142</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FORBES, DAVID</b>	2.2 NAME	<b>Bulah Daniels</b>
STREET ADDRESS	<b>11760 BERRY DRIVE</b>	2.3 STREET ADDRESS	<b>13601 NW 24 Ave # 39</b>
CITY-ST-ZIP	<b>COOPER CITY FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33054</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FORBES, VIOLA</b>	3.2 NAME	<b>John Hall</b>
STREET ADDRESS	<b>5320 NW 180TH TERRACE</b>	3.3 STREET ADDRESS	<b>3000 NW 160 St</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL 33054</b>
TITLE	<b>Pastor</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dr Katrine Forbes</b>	4.2 NAME	
STREET ADDRESS	<b>11760 Berry Dr</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Cooper City FL 33026</b>	4.4 CITY-ST-ZIP	
TITLE	<b>Viola Forbes Spates</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Viola Forbes Spates</b>	5.2 NAME	
STREET ADDRESS	<b>701 S. 61 Ave</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Holly wood FL 33023</b>	5.4 CITY-ST-ZIP	
TITLE	<b>Mildred Sands Rolie</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mildred Sands Rolie</b>	6.2 NAME	
STREET ADDRESS	<b>2971 NW 164 St</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, FL 33054</b>	6.4 CITY-ST-ZIP	

14. I do 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 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 **Dr Katrine Forbes** **4/7/97**

CR2E037 (9/96)