

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 30, 1999 8:00 am**  
**Secretary of State**

08-30-1999 90011 050 \*\*\*\*61.25

**DOCUMENT # 760064**

1. Corporation Name

**NOW FAITH DELIVERANCE TABERNACLE, INC.**

Principal Place of Business

9275 NW 32 AVE  
MIAMI FL 33147  
US

Mailing Address

11760 BERRY DR  
COOPER CITY FL 33026  
US

2. Principal Place of Business

21 **Church**

Suite, Apt. #, etc.

2a. Mailing Address

26 **Miramar FL**

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**09/16/1981**

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

City & State

23 **Miami FL**

City & State

28 **Miramar FL**

Zip

24 **33147**

Country

25 **USA**

Zip

29 **33029**

Country

30 **USA**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **FORBES, KATRINE**  
STREET ADDRESS **11760 BERRY DR**  
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE **AT** ☐ DELETE

NAME **FORBES SPATES, VIOLA**  
STREET ADDRESS **701 S. 61 AVE**  
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **S** ☐ DELETE

NAME **SANDS ROLLE, MILDRED**  
STREET ADDRESS **2971 NW 164 ST**  
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **D** ☐ DELETE

NAME **WILSON, JOY L**  
STREET ADDRESS **2272 NW 58 ST**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ DELETE

NAME **DANIELS, BULAH**  
STREET ADDRESS **13601 NW 24 AVE #39**  
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **D** ☐ DELETE

NAME **HALL, JOHN**  
STREET ADDRESS **3000 NW 160 ST**  
CITY-ST-ZIP **MIAMI FL 33054**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**KATRINE FORBES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-20-99 1 9541442 2721**

Date

Daytime Phone #

CR2E037 (5/99)