

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90011 042 ****70.00

DOCUMENT # 760064

1. Entity Name

NOW FAITH!! DELIVERANCE TABERNACLE, INC.



Principal Place of Business

9275 NW 32 AVE
MIAMI FL 33147
US

Mailing Address

9275 NW 32 AVE
MIAMI FL 33147
US

2. Principal Place of Business

9275 NW-32 Ave
Suite, Apt. #, etc.

3. Mailing Address

17488 SW 36th St
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miramar FL

Zip
33147

Country
US

Zip
33029

Country
US

4. FEI Number

02-1000023

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORBES, KATRINE
17488 SW 36 ST
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME FORBES, KATRINE
STREET ADDRESS 17488 SW 36 ST
CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

TITLE DS
NAME FORBES, DAVID
STREET ADDRESS 17488 SW 36 ST
CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

TITLE D
NAME SPATES, VIOLA F
STREET ADDRESS 11760 BERRY DRIVE
CITY-ST-ZIP COOPER CITY FL 33026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katrine Forbes - Rev. Katrine Forbes* 7/14/04 954-442-2721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #