

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760064

FILED  
Jul 11, 2005  
Secretary of State

**Entity Name:** NOW FAITH!! DELIVERANCE TABERNACLE, INC.

**Current Principal Place of Business:**

9275 NW 32 AVE  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

17488 SW 36TH ST  
MIRAMAR, FL 33029 US

**New Mailing Address:**

**FEI Number:** 02-1000023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FORBES, KATRINE  
17488 SW 36 ST  
HOLLYWOOD, FL 33024 US

**Name and Address of New Registered Agent:**

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:**

Title: DPT ( ) Delete  
Name: FORBES, KATRINE,  
Address: 17488 SW 36 ST  
City-St-Zip: MIRAMAR, FL 33029

Title: DS ( ) Delete  
Name: FORBES, DAVID  
Address: 17488 SW 36 ST  
City-St-Zip: MIRAMAR, FL 33029

Title: D ( ) Delete  
Name: SPATES, VIOLA F  
Address: 11760 BERRY DRIVE  
City-St-Zip: COOPER CITY, FL 33026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATRINE FORBES

DPT

07/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date