

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761513

FILED  
Feb 12, 2007  
Secretary of State

**Entity Name:** FULL GOSPEL CHURCH OF DELIVERANCE OF FLORIDA CITY, INC.

**Current Principal Place of Business:**

950 NW 2ND ST.  
FLORIDA CITY, FL 33034 US

**New Principal Place of Business:**

**Current Mailing Address:**

950 NW 2ND ST.  
FLORIDA CITY, FL 33034 US

**New Mailing Address:**

**FEI Number:** 59-2207461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROLLE, HELEN B REV  
950 NW 2ND ST.  
FLORIDA CITY, FL 33034 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: P ( ) Delete  
Name: ROLLE, HELEN B PASTOR  
Address: 950 NW 2ND STREET  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VP ( ) Delete  
Name: BRYANT, RAYMOND J ELDER  
Address: 925 OSTREY LANE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: C ( ) Delete  
Name: MICELAIT, PHOEBE  
Address: 1944 CANAL RD  
City-St-Zip: LAKE WALES, FL 33898

Title: S ( ) Delete  
Name: LEE, OLA P  
Address: 657 S.W. 4TH AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: T ( ) Delete  
Name: BRYANT, SAMUEL III  
Address: 980 S.W. 7 PL  
City-St-Zip: FLORIDA CITY, FL 33034

**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:

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 Chapter 119, 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: HELEN B ROLLE

P

02/12/2007

Electronic Signature of Signing Officer or Director

Date