

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT 22 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000947



1. Entity Name  
THE FIRST CHURCH OF DELIVERANCE APOSTOLIC  
FAITH CORP.

Principal Place of Business  
1419 BETTY LANE  
CLEARWATER, FL 33755

Mailing Address  
1419 BETTY LANE  
CLEARWATER, FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09302004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3152047

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATERS, JIMMIE  
705 BUTLER STREET  
SAFETY HARBOR, FL 34695

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

Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME WATERS, JIMMIE PASTOR  
STREET ADDRESS 705 BUTLER ST.  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE ☐ Change ☐ Addition  
NAME 000042099350  
STREET ADDRESS 10/22/04--01024--019 \*\*61.25  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WATERS, EVELYN J PASTOR  
STREET ADDRESS 705 BUTLER ST.  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

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

TITLE SD ☐ Delete  
NAME DAVIS, IRENE  
STREET ADDRESS 12430 MONROE CT.  
CITY-ST-ZIP LARGO, FL 33714

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

TITLE SDD ☐ Delete  
NAME MCCREE, KONRAD  
STREET ADDRESS 19 JENNIFER COURT  
CITY-ST-ZIP DUNEDIN, FL 34698

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

TITLE D ☒ Delete  
NAME WILLIAMS, STEVEN  
STREET ADDRESS 1001 N. GREENWOOD AVE., BLDG. 6-1  
CITY-ST-ZIP CLEARWATER, FL 33755

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Jimmie Waters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-04

Date

(727) 669-6867

Daytime Phone #