

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000947

1. Entity Name

**THE FIRST CHURCH OF DELIVERANCE APOSTOLIC
FAITH CORP.**



Principal Place of Business

1200 N. PENNSYLVANIA AVE
CLEARWATER FL 33755

Mailing Address

1200 N. PENNSYLVANIA AVE
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

1st MOORE

CR2E037 (10/05)

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

Jimmie Waters

(NOTE: Registered Agent signature required when renewing)

DATE

6/10/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

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

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS MCCREE, JADA
CITY- ST- ZIP 1925 WOODBROOK ST.
TARPOON SPRINGS FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000567204
CITY- ST- ZIP 06/15/06-80001-001 70.00

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

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

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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 exemptions contained in Section 119, 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

6/10/06 (727)669-6867