

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90398 004 ****61.25

DOCUMENT # N00000005940

1. Entity Name

**NEW COVENANT APOSTOLIC DELIVERANCE TEMPLE,
INC.**



Principal Place of Business

**3193 NW 39TH STREET
LAUDERDALE LAKES FL 33309**

Mailing Address

**3193 NW 39TH STREET
LAUDERDALE LAKES FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1044853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HYLTON, GENROY
3193 NW 39TH STREET
LAUDERDALE LAKES FL 33309**

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 May 1, 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 PD
NAME HYLTON, GENROY ☐ Delete
STREET ADDRESS 3193 NW 39TH STREET
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

TITLE D
NAME HYLTON, MAXINE ☐ Delete
STREET ADDRESS 3193 NW 39TH STREET
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

TITLE D
NAME FORBES, LINDA ☐ Delete
STREET ADDRESS 3260 SW 9TH STREET
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE S
NAME EDMOND, ETTA ☐ Delete
STREET ADDRESS 4743 NW 43RD COURT
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE T
NAME WILLIAMS, DERYL ☐ Delete
STREET ADDRESS 4790 NW 5TH COURT
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENROY HYLTON

4-30-04

Date

751-234-1028

Daytime Phone #