

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004225

FILED
May 04, 2004
Secretary of State**Entity Name:** FAITH DELIVERENCE TABERNACLE MINISTRIES, INC.**Current Principal Place of Business:**220 MILL CREEK RD.
JACKSONVILLE, FL 32211**New Principal Place of Business:****Current Mailing Address:**220 MILL CREEK RD.
JACKSONVILLE, FL 32211**New Mailing Address:****FEI Number:** 52-2315015**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GRANT, THOMAS E
4576 ANTERHILL DR.
JACKSONVILLE, FL 32216 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: D () Delete
Name: GRANT, THOMAS E
Address: 4576 ANTLERHILL DR. E.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: GRANT, TWANDA R
Address: 4576 ANTLERHILL DR. E.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: TAYLOR, TERESA
Address: 3238 PRATTER DR.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: GNYPE, MAURICE
Address: 6751 ECTOR RD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Delete
Name: GRIMES, SELISA
Address: 11990 BEACH BLVD., APT 356
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SNYPE, MICHELLE L
Address: 11437 BRIAN LAKES DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: D (X) Change () Addition
Name: SNYPE, MAURICE
Address: 11437 BRIAN LAKES DR
City-St-Zip: JACKSONVILLE, FL 32221

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: TWANDA GRANT

D

05/04/2004

Electronic Signature of Signing Officer or Director

Date