

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004225

FILED  
Jul 02, 2006  
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 (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GRANT, THOMAS E  
P.O. BOX 16191  
JACKSONVILLE, FL 32245      US

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

GRANT, THOMAS E  
10135 GATE PARKWAY NORTH #1708  
JACKSONVILLE, FL 32246      US

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: THOMAS E. GRANT JR

07/02/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GRANT, THOMAS E  
Address: P.O. BOX 16191  
City-St-Zip: JACKSONVILLE, FL 32245

Title: D      ( ) Delete  
Name: GRANT, TWANDA R  
Address: P.O. BOX 16191  
City-St-Zip: JACKSONVILLE, FL 32245

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

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

Title: D      ( ) Delete  
Name: BROOKS, MARY L  
Address: 6745 ORKNEY RD  
City-St-Zip: JACKSONVILLE, FL 32211

**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: THOMAS E. GRANT JR

D

07/02/2006

Electronic Signature of Signing Officer or Director

Date