

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90025 029 ****61.25

DOCUMENT # **NO 10 00006913**

1. Entity Name **TURE Gospel Deliverance Ministry Inc**
967 SW 56 AVE
Margate FLA - 33068



DO NOT WRITE IN THIS SPACE

40058072

CR2E037B (5/07)

2. Principal Place of Business - No P.O. Box #
967 SW 56 AVE
Suite, Apt. #, etc.
6874 NW 9th AVE
City & State
Fort Lauderdale FLA
Zip
33309 Country
USA

3. Mailing Address
6874 NW 9th AVE
Suite, Apt. #, etc.
Fort Lauderdale FLA
City & State
Fort Lauderdale FLA
Zip
33309 Country
USA

4. FEI Number
65-1154629
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
Initial or Amended AR

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 NAME STREET ADDRESS CITY-ST-ZIP	Pastor SHARON MONROE 967 SW 56 AVE Margate FLA - 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Nikki Johnson 9191 West Sunrise Blvd Plantation FLA 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sally Fleming 3019 NW 4th St Pompano Beach FLA - 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coordinator Latrell Duham 10015 Winding Lake Road #103 Surprise FLA 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Youth Pastor Cynthia Stokes 1801 NW 35th AVE Fort Lauderdale FLA - 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nesica Johnson Deacon Nesica Johnson 6300 S Fall Cir Drive Fort Lauderdale FLA - 33319

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Sharon Monroe**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/08
Date

Daytime Phone #