

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000000087**

1. Entity Name  
**UNITY FELLOWSHIP CHURCHES OF DELIVERANCE,  
INC.**



Principal Place of Business  
**7975 NW 22ND AVE  
BLDG. CHURCH  
MIAMI, FL 33147**

Mailing Address  
**4925 NW 12 AVE  
HOUSE  
MIAMI, FL 33147**



01102007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0564200**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROBINSON, WILLIE  
731 NW 45 STREET  
MIAMI, FL 33127**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ROBINSON, WILLIE
STREET ADDRESS	731 NW 45 STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	VD
NAME	JOHNSON, MARK A
STREET ADDRESS	731 NW 45 STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	TD
NAME	THOMAS, LOGIA
STREET ADDRESS	1855 NW 46 ST.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	SD
NAME	THOMAS, DEBRA
STREET ADDRESS	1855 NW 46 ST.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000705495  
04/23/07-80055-013 61.25

U00000705495  
04/23/07-80055-012 8.75

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Bishop Willie Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-07 305 633-2683**

Date

Daytime Phone #