

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90012 023 \*\*\*\*61.25

**DOCUMENT # N02000000101**

1. Entity Name  
FAITH IN GOD CHRISTIAN DELIVERANCE CHURCH INC.



Principal Place of Business  
3030 N. MICHIGAN AVE.  
KISSIMMEE, FL 34744

Mailing Address  
PO BOX 770853  
ORLANDO, FL 32877

00000120



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112005 Chg-NP CR2E037 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMPTON, BONNIE  
13224 HEATHER MOSS DRIVE #1210  
ORLANDO, FL 32837

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

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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 JONES, JACK ☐ Delete  
STREET ADDRESS 12020 VILLA NOVA DRIVE 111  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE SD  
NAME PASCASCIO, DEVONNE ☐ Delete  
STREET ADDRESS 13373 TWINWOOD LANE #2313  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE TD  
NAME PASCASCIO, ERNEST ☐ Delete  
STREET ADDRESS 13373 TWINWOOD LANE #2313  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE D  
NAME JONES, CHANDRA ☒ Delete  
STREET ADDRESS 12020 VILLA NOVA DRIVE III  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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: PASTOR JACK JONES** *Pastor Jack Jones* **JULY 11, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #