

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2006 08:00 AM
Secretary of State

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



06262006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

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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 September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JONES, JACK
STREET ADDRESS 12020 VILLA NOVA DRIVE 111
CITY-ST-ZIP ORLANDO, FL 32837

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: PRESIDENT JACK JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #