

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**



07072008 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

**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 September 12, 2008**

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000954576  
07/14/08-80007-010 61.25

**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:**

*Senior Pastor Jack Jones* Senior Pastor Jack Jones July 10, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #