

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001555 1. Entity Name FAITH DELIVERANCE CHURCH OF GOD MINISTRIES INCORPORATED					
Principal Place of Business 1841 W OAKLAND PARK BLVD OAKLAND PARK FL 33309				Mailing Address 1841 W OAKLAND PARK BLVD OAKLAND PARK FL 33309	
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>		 1st MOORE CR2E037 (10/04)	
Suite, Apt. #, etc <i>NA</i>		Suite, Apt. #, etc <i>NA</i>			
City & State <i>San</i>		City & State <i>Same</i>			
Zip <i>Same</i>		Country <i>Same</i>			
4. FEI Number 65-0939125				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FORBES, SYLVIA E 3088 CARYSFORT LANE MARGATE FL 33063	
7. Name and Address of New Registered Agent Name <i>Sylvia E. Forbes</i> Street Address (P.O. Box Number is Not Acceptable) <i>3088 Carysfort Lane</i> City <i>Margate</i>					
State <i>FL</i> Zip Code <i>33063</i>					
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 <i>Sylvia E. Forbes</i> <i>Sylvia E. Forbes</i> <i>7-19-2005</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S RHULE, THELMA 1700 NW 46 AVENUE #32 LAUDER HILL FL 33313	<input type="checkbox"/> Delete	TITLE	<i>None</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	TD SMELLIE, HILDA 6790 NW 31 WAY FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete	TITLE	<i>None</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	ASD FORBES, NADIA 2400 NW 46 STREET LAUDERHILL FL 33313	<input type="checkbox"/> Delete	TITLE	<i>None</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE	U000000374207 07/22/05-80012-012 70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	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)(f), 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: <i>Sylvia E. Forbes</i> <i>Sylvia E. Forbes</i> <i>7-19-05</i> <i>954-968-300</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					