

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004327

FILED  
May 23, 2006  
Secretary of State

Entity Name: PENTECOSTAL TABERNACLE DELIVERANCE TEMPLE, INC.

**Current Principal Place of Business:**

1070 NORTH MIAMI BEACH BLVD  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1070 NORTH MIAMI BEACH BLVD  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

P.O BOX 69-5079  
MIAMI, FL 33269

FEI Number: 04-3713857      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GRANT-ALLEN, LORNA M  
700 NW 214TH ST  
APT 212  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

GRANT-ALLEN, LORNA M  
1500 NW 179 TERR  
MIAMI, FL 33169 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

05/23/2006

Date

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: ALLEN, NYRON MINISTE  
Address: 700 N.W. 214TH STREET #212  
City-St-Zip: MIAMI, FL 33169

Title: SD      ( ) Delete  
Name: ALLEN, LORNA  
Address: 700 N.W. 214TH STREET #212  
City-St-Zip: MIAMI, FL 33169

Title: TD      ( ) Delete  
Name: GRANT, DOREEN  
Address: 1500 N.W. 179TH TERRACE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD      (X) Change ( ) Addition  
Name: ALLEN, NYRON MINISTE  
Address: 1500 NW 179 TERR  
City-St-Zip: MIAMI, FL 33169

Title: SD      (X) Change ( ) Addition  
Name: ALLEN, LORNA  
Address: 1500 NW 179 TERR  
City-St-Zip: MIAMI, FL 33169

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NYRON ELIAS ALLEN

Electronic Signature of Signing Officer or Director

DIR

05/23/2006

Date