

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004327

FILED  
Jan 21, 2008  
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:**

17631 NW 20TH AVE  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

P.O BOX 69-5079  
MIAMI, FL 33269

**New Mailing Address:**

**FEI Number:** 04-3713857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

GRANT-ALLEN, LORNA M  
2021 ALCAZAR DR  
MIRAMAR, FL 33023 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:

01/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: CD (X) Change ( ) Addition  
Name: ALLEN, NYRON PASTOR  
Address: 2021 ALCAZAR DR  
City-St-Zip: MIRAMAR, FL 33023

Title: SD (X) Change ( ) Addition  
Name: ALLEN, LORNA  
Address: 2021 ALCAZAR DR  
City-St-Zip: MIRAMAR, FL 33023

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

Title: TD ( ) Change (X) Addition  
Name: BLAKE, HOWARD  
Address: 7550 STERLING ROAD APT C 401  
City-St-Zip: HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify 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 ALLEN

CD

01/21/2008

Electronic Signature of Signing Officer or Director

Date