

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004327

FILED
Apr 20, 2009
Secretary of State

Entity Name: PENTECOSTAL TABERNACLE DELIVERANCE TEMPLE, INC.

Current Principal Place of Business:

17631 NW 20TH AVE
MIAMI GARDENS, FL 33056

New Principal Place of Business:

838 NW 183RD STREET
SUITE 205
MIAMI GARDENS, FL 33169

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
2021 ALCAZAR DR
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 ELIAS ALLEN

CD

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date