

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004327

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** PENTECOSTAL TABERNACLE DELIVERANCE TEMPLE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 695079  
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  
Name: ALLEN, NYRON PASTOR  
Address: 2021 ALCAZAR DR  
City-St-Zip: MIRAMAR, FL 33023

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

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

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

I hereby 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 all other like empowered.

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

Electronic Signature of Signing Officer or Director

CD \_\_\_\_\_

04/30/2012 \_\_\_\_\_

Date