


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90005 046 ****61.25

DOCUMENT # N03000004243 1. Entity Name FIRST DELIVERANCE POWER HOUSE OF PRAISE CHURCH OF GOD IN CHRIST INC.					
Principal Place of Business 1357 NW 75TH TERRACE MIAMI, FL 33147			Mailing Address 1357 NW 75TH TERRACE MIAMI, FL 33147		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent OWENS, TIMOTHY 1357 NW 75TH TERRACE MIAMI, FL 33147				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number *16-1706564	
Signature: <u>Timothy Owens</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP OWENS, TIMOTHY 1357 NW 75TH TERRACE MIAMI, FL 33147			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GRAY, ELDER 1357 NW 75TH TERRACE MIAMI, FL 33147			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HOWARD, GERALDINE 1357 NW 75TH TERRACE MIAMI, FL 33147			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Geraldine Howard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>8-27-04</u> Daytime Phone #: <u>305-624-9095</u>	



08262004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

FL Zip Code

FL

8/27/04

Timothy Owens

Timothy Owens

Make check payable to
Florida Department of State

\$5.00 May Be
Added to Fees

9. Election Campaign Financing
Trust Fund Contribution.

Filing Fee is \$61.25
Due by September 8, 2004

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS

☐ Change ☐ Addition

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