

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90038 039 ****70.00

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1. Entity Name

**SPIRIT AND TRUTH WORSHIP DELIVERANCE CENTRE,
INCORPORATED**



Principal Place of Business

**20330 N. W. 32ND AVENUE
MIAMI FL 33056**

Mailing Address

**20330 N. W. 32ND AVENUE
MIAMI FL 33056**

2. Principal Place of Business

20330 NW 32 Ave

3. Mailing Address

20330 NW 32 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FLA

City & State

MIAMI, FLA

Zip

33056

Country

USA

Zip

33056

Country

USA

4. FEI Number

41-2113260

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERRY, JOHN
20330 N. W. 32ND AVENUE
MIAMI FL 33056**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **BERRY, EVANGELIST D**
STREET ADDRESS **20330 N. W. 32ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☐ Delete
NAME **CLARK, ALMEDIA**
STREET ADDRESS **1575 N.E. 152 TERRACE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☐ Delete
NAME **BERRY, JOHN**
STREET ADDRESS **20330 N-W-32ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2004 (305) 688-0614

Date

Daytime Phone #