

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009240

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** SPIRIT AND TRUTH WORSHIP DELIVERANCE CENTRE, INCORPORATED

**Current Principal Place of Business:**

20330 NW 32 AVENUE  
MIAMI, FL 33056 US

**New Principal Place of Business:**

**Current Mailing Address:**

20330 NW 32 AVENUE  
MIAMI, FL 33056 US

**New Mailing Address:**

**FEI Number:** 41-2113260

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERRY, JOHN  
20330 N. W. 32ND AVENUE  
MIAMI, FL 33056 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: D ( ) Delete  
Name: BERRY, EVANGELIST D  
Address: 20330 N. W. 32ND AVENUE  
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete  
Name: HILL, ANDREW  
Address: 113 92 SW 203 TERR.  
City-St-Zip: MIAMI, FL 33189

Title: D ( ) Delete  
Name: BERRY, JOHN  
Address: 20330 N. W. 32ND AVENUE  
City-St-Zip: MIAMI, FL 33056

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DARLYNN BERRY

D

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date