


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90026 003 ****70.00

DOCUMENT # N03666	
1. Entity Name FAITH DELIVERANCE TABERNACLE INC.	

Principal Place of Business 1107 NW 6ST FT. LAUDERDALE, FL 33311 US	Mailing Address 1107 N.W. 6TH ST. FT. LAUDERDALE, FL 33311
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DO NOT WRITE IN THIS SPACE



02172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2679496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MAXWELL, TERRY C
9760 PALMA VISTA WAY
BOCA RATON, FL 33428**

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IN THIS SPACE**

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 *Terry C Maxwell* *Terry C Maxwell* *3-5-05*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXWELL, TERRY C 7158 NW 49 ST <i>9760 Palma Vista Way</i> LAUDERHILL, FL <i>BOCA RATON, FL 33428</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAXWELL, AUDREY R. 7158 49 ST <i>9760 Palma Vista Way</i> LAUDERHILL, FL <i>BOCA RATON, FL 33428</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, PASTOR RONNEY <i>RONNEY</i> 1107 N.W. 6 ST. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, ZHENEE 1107 N.W. 6 ST. FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLORY, BETSY <i>BESSIE</i> 1107 NW 6TH ST FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Ronney Thompson* *Ronney Thompson* *3-5-05* *954-779-2593*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #