2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# N03666

Entity Name: FAITH DELIVERANCE TABERNACLE INC.

Current Principal Place of Business:

1107 NW 6ST
FT. LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

1107 N.W. 6TH ST.
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 59-2679496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAXWELL, TERRY C
1107 NW 6 STREET
FORT LAUDERDALE, FL 33311 US

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: 02/14/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAXWELL, TERRY C
Address: 9760 PALMA VISTA WAY
City-St-Zip: BOCA RATON, FL 33428

Title: VD ( ) Delete
Name: MAXWELL, AUDREY R.
Address: 9760 PALMA VISTA WAY
City-St-Zip: BOCA RATON, FL 33428

Title: T ( ) Delete
Name: THOMPSON, RONNY
Address: 1107 N.W. 6 ST.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: THOMPSON, ZHENEE
Address: 1107 N.W. 6 ST.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: MALLORY, BESSIE
Address: 1107 NW 6TH ST
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAXWELL, TERRY C
Address: 5020 RIDGE OAK WALK
City-St-Zip: MABLETON, GA 30126

Title: VD (X) Change ( ) Addition
Name: MAXWELL, AUDREY R.
Address: 5020 RIDGE OAK WALK
City-St-Zip: MABLETON, GA 30126

Title: T (X) Change ( ) Addition
Name: THOMPSON, RONNY
Address: 10648 VERSAILLES BLVD
City-St-Zip: WELLINGTON, FL 33467

Title: D (X) Change ( ) Addition
Name: THOMPSON, ZHENEE M
Address: 10648 VERSAILLES BLVD
City-St-Zip: WELLINGTON, FL 33467

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: ZHENEE M THOMPSON D 02/14/2007
Electronic Signature of Signing Officer or Director — Date