

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002049

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: THE DELIVERANCE CENTER, INC.

## Current Principal Place of Business:

5962 NW 25 CT  
SUNRISE, FL 33313

## New Principal Place of Business:

## Current Mailing Address:

5962 NW 25 CT  
SUNRISE, FL 33313

## New Mailing Address:

FEI Number: 57-1197284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POITIER-LISCOMBE, SHERRIE  
5962 NW 25 CT  
SUNRISE, FL 33313 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: P ( ) Delete  
Name: POITIER-LISCOMBE, SHERRIE  
Address: 5962 NW 25 CT  
City-St-Zip: SUNRISE, FL 33313

Title: V ( ) Delete  
Name: LISCOMBE, GIDEON  
Address: 5962 NW 25 CT  
City-St-Zip: SUNRISE, FL 33313

Title: ST ( ) Delete  
Name: STEWART, ERICA  
Address: 5962 NW 25 CT  
City-St-Zip: SUNRISE, FL 33313

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: LISCOMBE, GEDION  
Address: 5962 NW 25 CT  
City-St-Zip: SUNRISE, FL 33313

Title: ST (X) Change ( ) Addition  
Name: HALL, RHONYCE  
Address: 5962 NW 25 CT  
City-St-Zip: SUNRISE, FL 33313

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: SHERRIE POITIER-LISOCMBE

P

01/09/2006

Electronic Signature of Signing Officer or Director

Date