

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002049

FILED  
Jul 03, 2011  
Secretary of State

Entity Name: THE DELIVERANCE CENTER, INC.

## Current Principal Place of Business:

20506 NW 8 CT  
MIAMI GARDENS, FL 33169

## New Principal Place of Business:

2915 NW 60TH AVE  
211  
SUNRISE, FL 33313

## Current Mailing Address:

20506 NW 8 CT  
MIAMI GARDENS, FL 33169

## New Mailing Address:

2915 NW 60TH AVE  
211  
SUNRISE, FL 33313

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 MS  
20506 NW 8 CT  
MIAMI GARDENS, FL 33169 US

## Name and Address of New Registered Agent:

POITIER-LISCOMBE, SHERRIE MS  
2915 NW 60TH AVENUE  
211  
SUNRISE, FL 33313 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:

07/03/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: POITIER-LISCOMBE, SHERRIE  
Address: 2915 NW 60TH AVE APT. 211  
City-St-Zip: SUNRISE, FL 33313

Title: V  
Name: LISCOMBE, GEDION A REV  
Address: 2915 NW 60 TH AVE APT. 211  
City-St-Zip: SUNRISE, FL 33313

Title: ST  
Name: HALL, RHONYCE  
Address: 21240 SW 97 AVE  
City-St-Zip: MIAMI, FL 33189

I hereby 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 all other like empowered.

SIGNATURE: SHERRIE POITIER-LISCOMBE, MS

P

07/03/2011

Electronic Signature of Signing Officer or Director

Date