


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90219 045 ****61.25

DOCUMENT # N04000003422 1. Entity Name SMYRNA DELIVERANCE CHURCH BY FAITH, INC.					
Principal Place of Business 8641 S.W. 16TH CT. PEMBROKE PINES FL 33025			Mailing Address 8641 S.W. 16TH CT. PEMBROKE PINES FL 33025		
2. Principal Place of Business 1125 NW 30 ter Suite, Apt. #, etc.		3. Mailing Address P.O. Box 100814 Suite, Apt. #, etc. OAKland park			
City & State FL. LAuderdale		City & State FL. LAud		4. FEI Number 61-1473567	
Zip FLA. 33311		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip FLA. 33310		Country Broward		6. Name and Address of Current Registered Agent JOSEPH, DIEUNORA 8641 S.W. 16TH CT. PEMBROKE PINES FL 33025	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, DIEUNORA 8641 S.W. 16TH CT. PEMBROKE PINES FL 33025 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, DIEUNEL 8641 S.W. 16TH CT. PEMBROKE PINES FL 33025 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKEL, MAURICE 8641 S.W. 16TH CT. PEMBROKE PINES FL 33025 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARILLEN, FABRE 8641 S.W. 16TH CT. PEMBROKE PINES FL 33025 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERSANNE, FABRE 8641 S.W. 16TH CT. PEMBROKE PINES FL 33025 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: DIEUNORA Joseph <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E037 (10/04)