

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90192 038 \*\*\*\*66.25

**DOCUMENT # N04000003582**  
 1. Entity Name  
**PAHOKEE DELIVERANCE CHRISTIAN CENTER INCORPORATED OF PAHOKEE**



Principal Place of Business Mailing Address  
**318 SEMINOLE CT PAHOKEE FL 318 SEMINOLE CT PAHOKEE FL**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent  
**HICKMAN, WILLIE L JR  
 318 SEMINOLE CT  
 PAHOKEE FL**

4. FEI Number **65-1225805** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HICKMAN, WILLIE L	
STREET ADDRESS	318 SEMINOLE CT	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DALEY, CENTIL	
STREET ADDRESS	436 N COCONUT RD	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOLSTON, J.C.	
STREET ADDRESS	505 W BAINES TERR	
CITY-ST-ZIP	PHOKEE FL 33476	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OSBORNE, EVERETT	
STREET ADDRESS	1837 N CONGRESS AVE	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOLSTON, ANGELINE	
STREET ADDRESS	505 W BAINES TERR	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOPSON, VERA	
STREET ADDRESS	390 E 2 ST	
CITY-ST-ZIP	PAHOKEE FL 33476	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Willie L. Hickman* Willie L. Hickman 4-3-06 561-755-0898