

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# N04000003582

Entity Name: PAHOKEE DELIVERANCE CHRISTIAN CENTER INCORPORATED OF PAHOKEE

Current Principal Place of Business:

318 SEMINOLE CT
PAHOKEE, FL

New Principal Place of Business:

Current Mailing Address:

318 SEMINOLE CT
PAHOKEE, FL

New Mailing Address:

FEI Number: 65-1225805 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HICKMAN, WILLIE L JR
318 SEMINOLE CT
PAHOKEE, FL 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: HICKMAN, WILLIE L
Address: 318 SEMINOLE CT
City-St-Zip: PAHOKEE, FL

Title: T () Delete
Name: DALEY, CENTIL
Address: 436 N COCONUT RD
City-St-Zip: PAHOKEE, FL 33476

Title: T () Delete
Name: FOLSTON, J.C.
Address: 505 W BAINES TERR
City-St-Zip: PHOKEE, FL 33476

Title: S () Delete
Name: FOLSTON, ANGELINE
Address: 505 W BAINES TERR
City-St-Zip: PAHOKEE, FL 33476

Title: T () Delete
Name: HOPSON, VERA
Address: 390 E 2 ST
City-St-Zip: PAHOKEE, FL 33476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WILLIE L HICKMAN

P

01/06/2007

Electronic Signature of Signing Officer or Director

Date