

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003582

FILED
May 03, 2011
Secretary of State

Entity Name: PAHOKEE DELIVERANCE CHRISTIAN CENTER INCORPORATED OF PAHOKEE

Current Principal Place of Business:

168 E 4TH STREET
PAHOKEE, FL 33476 US

New Principal Place of Business:

Current Mailing Address:

318 SEMINOLE CT
PAHOKEE, FL

New Mailing Address:

PO BOX 641
PAHOKEE, FL 33476

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

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

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

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

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

Title: S
Name: HICKAN, BRENDA L
Address: 318 SEMINOLE CT
City-St-Zip: PAHOKEE, FL 33476

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: WILLIE HICKMAN, JR

P

05/03/2011

Electronic Signature of Signing Officer or Director

Date