

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90042 022 ****61.25

DOCUMENT # N04000009536

1. Entity Name

FAITHFUL & TRUE CHURCH OF DELIVERANCE, INC.



Principal Place of Business

P.O. BOX 398
GROVELAND FL 34736

Mailing Address

P.O. BOX 398
GROVELAND FL 34736

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3171250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORDAN, EDWARD P II ESQ
1460 EAST HWY 50
CLERMONT FL 34711

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: D ☐ Delete
NAME: HALL, LINDA
STREET ADDRESS: P.O. BOX 398
CITY ST ZIP: GROVELAND FL 34736

TITLE: D ☐ Delete
NAME: HALL, SHELLY
STREET ADDRESS: P.O. BOX 398
CITY ST ZIP: GROVELAND FL 34736

TITLE: D ☒ Delete
NAME: SOLOMON, SANDATE
STREET ADDRESS: 1015 MCNAMEE ST
CITY ST ZIP: LEEsburg FL 34748

TITLE: ☐ Delete
NAME: Charles Sampson
STREET ADDRESS: 304 WOODS LAKE DR
CITY ST ZIP: COCOA FL 32926

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
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TITLE: ☐ Change ☐ 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: Linda Hall Linda Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07 352-223-0934
Date Daytime Phone #