

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90164 035 *****75.00

DOCUMENT # N04000010422 1. Entity Name THE FAITH FOR DELIVERANCE INC.					
Principal Place of Business 1202 IDA ST JACKSONVILLE, FL 32208			Mailing Address 1202 IDA ST JACKSONVILLE, FL 32208		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04252005 Chg-NP CR2E037 (10/03)	
4. FEI Number 27-0081289				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HOWARD, LAWRENCE 1202 IDA ST JACKSONVILLE, FL 32208			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	D	<input type="checkbox"/> Delete	TITLE	SID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, REBECCA		NAME	Rebecca Bell	
STREET ADDRESS	3658 ROBENA RD		STREET ADDRESS	323 Century St	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINKEY, LYNETTE M		NAME	Lynette M. Pinkney	
STREET ADDRESS	1202 IDA ST		STREET ADDRESS	1202 Ida Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURROUGH, DAISEY		NAME	Daisey Burroughs	
STREET ADDRESS	1202 IDA ST		STREET ADDRESS	1202 Ida Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Delete	TITLE	Y/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Norman O. Francis	
STREET ADDRESS			STREET ADDRESS	12374 Brighton A Trail South	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Atheaner Jones	
STREET ADDRESS			STREET ADDRESS	887 Franklin St Apt #31	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Lynette M. Pinkney</u> <u>Lynette M. Pinkney</u> 4-28-05 904-786-1843					