

ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

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**



04192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0081289

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, LAWRENCE
1202 IDA ST
JACKSONVILLE, FL 32208**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE SD
NAME BELL, REBECCA
STREET ADDRESS 323 CENTURY ST
CITY-STATE-ZIP JACKSONVILLE, FL 32218

TITLE PM
NAME PINKEY, LYNETTE M
STREET ADDRESS 1202 IDA ST
CITY-STATE-ZIP JACKSONVILLE, FL 32208

TITLE DC
NAME BURROUGH, DAISEY
STREET ADDRESS 1202 IDA ST
CITY-STATE-ZIP JACKSONVILLE, FL 32208

TITLE VT
NAME FRANCIS, NORMAN O
STREET ADDRESS 12374 BRIGHTON A TRAIL S
CITY-STATE-ZIP JACKSONVILLE, FL 32246

TITLE D
NAME ONES, ATLEANER
STREET ADDRESS 17 FRANKLIN ST APT #31
CITY-STATE-ZIP JACKSONVILLE, FL 32202

U00000730448
05/08/07-80081-024 61.25

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IN THIS SPACE**

The information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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, 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 accompanied with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lynette Pinkney **Lynette Pinkney** 4-2407 786-1843
904