

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90214 047 ****70.00

DOCUMENT # N06000002986

1. Entity Name
PRAISE AND DELIVERANCE CDC, INC



Principal Place of Business
**338 NW 6TH AVE
DELRAY BCH, FL 33444**

Mailing Address
**338 NW 6TH AVE
DELRAY BCH, FL 33444**



04062008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-4039568

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBINSON, JOHN
897 SW CARMELITE ST
PORT ST LUCIE, FL 34983**

**DO NOT WRITE
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, JOHN 897 SW CARMELITE ST PORT ST LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROYAL, WAYNE 211 NW 2 TERR DEERFIELD, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, ROY 401 ST W 10TH ST DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYNES, BRUCE 171 SE 27TH WAY BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

John Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #