2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90770 002 ****61.25
04-30-2007 90770 001 *****8.75

66012003

04252007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000004109

1. Entity Name
APOSTOLIC DELIVERANCE TEMPLE OF FAITH, INC.

Principal Place of Business	Mailing Address
~~5057 OKEECHOBEE BLVD~~ ~~WEST PALM BEACH, FL 33422~~	~~5057 OKEECHOBEE BLVD~~ ~~WEST PALM BEACH, FL 33422~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
434 Breckenridge Cir.	434 Breckenridge Cir.
Suite, Apt. #, etc. S.E.	Suite, Apt. #, etc. S.E.
City & State PALM BAY FL	City & State PALM BAY FL
Zip / Country 32909 USA	Zip / Country 32909 USA

4. FEI Number
04-2851304
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDING, FRANKLYN
~~1456 WATERWAY COVE~~ DR
~~WEST PALM BEACH, FL~~ 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
434 Breckenridge Circle S.E.

City: PALM BAY FL Zip Code: 32909

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOLDING, FRANKLYN ~~1456 WATERWAY COVE DR~~ ~~W PALM BCH, FL 33414~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 434 Breckenridge Cir. S.E. PALM BAY, FL 32909	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GOLDING, DELROSE ~~1456 WATERWAY COVE DR~~ ~~W PALM BCH, FL 33414~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 434 Breckenridge Cir. S.E PALM BAY FL 32909	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLAKE, PAULINE 4883 PIMILCO CT W PALM BCH, FL 33414	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FOSTER, LILY 434 Breckenridge Cir. S.E PALM BAY 32909	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCKENZIE, ROSALIE 160 SHERWOOD AVE W PALM BCH, FL 33407	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALKER, ZALENCIA 434 Breckenridge Cir. SE PALM BAY FL 32909	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Franklyn Golding 4/27/07 321-726-8851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #