

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2009  
Secretary of State**

DOCUMENT# N06000004109

Entity Name: APOSTOLIC DELIVERANCE TEMPLE OF FAITH, INC.

**Current Principal Place of Business:**

434 BRECKENRIDGE CIR  
SE  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

434 BRECKENRIDGE CIR  
SE  
PALM BAY, FL 32909

**New Mailing Address:**

FEI Number: 04-2851304      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDING, FRANKLYN  
434 BRECKENRIDGE CIR SE  
PALM BAY, FL 32909      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: GOLDING, FRANKLYN  
Address: 434 BRECKENRIDGE CIR SE  
City-St-Zip: PALM BAY, FL 32909

Title: VPD      ( ) Delete  
Name: GOLDING, DELROSE  
Address: 434 BRECKENRIDGE CIR SE  
City-St-Zip: PALM BAY, FL 32909

Title: TD      ( ) Delete  
Name: FOSTER, LILY  
Address: 434 BRECKENRIDGE CIR SE  
City-St-Zip: PALM BAY, FL 32909

Title: SD      ( ) Delete  
Name: WALKER, ZALENCIA  
Address: 434 BRECKENRIDGE CIR SE  
City-St-Zip: PALM BAY, FL 32909

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLIN A GOLDING

PRES

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date