

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001204

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** APOSTOLIC FAITH & DELIVERANCE CENTER, INC

**Current Principal Place of Business:**

15157 NE 6TH AVE.  
MIAMI, FL 33162

**New Principal Place of Business:**

3681 W HILLSBORO BLVD  
#E210  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

PO BOX 355  
DEERFIELD BEACH, FL 33443

**New Mailing Address:**

**FEI Number:** 27-4568732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DELVA, LUCRETIA  
15157 NE 6TH AVE.  
MIAMI, FL 33162 US

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

DELVA, LUCRETIA  
3681 W HILLSBORO BLVD  
#E210  
COCONUT CREEK, FL 33073 US

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: \_\_\_\_\_

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: DELVA, LUCRETIA  
Address: 3681 W HILLSBORO BLVD  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VPSD  
Name: MCLAMORE-SINGLETARY, SABRINA  
Address: 847 NW 45TH STREET  
City-St-Zip: POMPANO BEACH, FL 33064

Title: PD  
Name: DELVA, SHERMAN  
Address: 3681 W HILLSBORO BLVD #E210  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: LUCRETIA DELVA

VPD

02/09/2012

Electronic Signature of Signing Officer or Director

Date