

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90005 021 ****61.25

DOCUMENT # N15496

1. Entity Name

FAITH DELIVERANCE PENTECOSTAL CHURCH, INC.



Principal Place of Business

104 N PINE ST
PALATKA FL 32177

Mailing Address

104 N PINE ST
PALATKA FL 32177
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

THOMAS, K
104 N PINE ST
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Keith Thomas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE PD
NAME THOMAS, K
STREET ADDRESS 104 N PINE ST
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE TP
NAME THOMAS, ELOUISE
STREET ADDRESS 208 CLEVELAND AVE
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

TITLE TP
NAME BAKER, ONA
STREET ADDRESS 225 BERNKIAM ST.
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

TITLE DB
NAME BAKER, ROBERT L
STREET ADDRESS 225 BENHAM ST
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

TITLE DE
NAME BOONE, ELDER AUDLEY
STREET ADDRESS 3801 ST JOHNS AVE LOT 52
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Keith Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

54064416



MOORE

CR2E037 (11/03)