2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Aug 09, 2005 8:00 am
Secretary of State
06-29-2005 90003 024 ****61.25

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DOCUMENT # N15496

1. Entity Name
FAITH DELIVERANCE PENTECOSTAL CHURCH, INC.

66025663

Principal Place of Business	Mailing Address
P.O. Box 1324 East Palatka, FL 32131	P.O. Box 1324 East Palatka, FL 32131

06152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT 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
P.O. Box 1324
East Palatka, FL 32131
100 Memorial Pkwy #D212 Palatka, FL 32177

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMAS, K
STREET ADDRESS	P.O. Box 1324
CITY-ST-ZIP	East Palatka, FL 32131
TITLE	TP
NAME	THOMAS, ELOUISE
STREET ADDRESS	208 CLEVENLAND AVE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	TP
NAME	BAKER, ONA
STREET ADDRESS	225 BERNKIAM ST.
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	DB
NAME	BAKER, ROBERT L
STREET ADDRESS	225 BENHAM ST
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	DE
NAME	BOONE, ELDER AUDLEY
STREET ADDRESS	100 Memorial Pkwy #D212
CITY-ST-ZIP	Palatka, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100 Memorial Pkwy #D212 Pal, FL 32177

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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 Keith Thomas 6/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
660256 63

Keith Thomas
P. O. Box 1324
East Palatka, Florida 32131

RE: Reference Number: N15496

Mailing Address: P. O. Box 1324
East Palatka, FLorida 32131

Street: 100 Memorial Parkway
Apartment D212
Palatka, Florida 32177