

ANNUAL REPORT

DOCUMENT # N15496

1. Entity Name
FAITH DELIVERANCE PENTECOSTAL CHURCH, INC.



Principal Place of Business
P O BOX 1324
EAST PALATKA, FL 32131

Mailing Address
P O BOX 1324
EAST PALATKA, FL 32131 US

DO NOT WRITE IN THIS SPACE

04132006 No Chg-NP

CR2E037 (11/05)

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
100 MEMORIAL PKWY
D212
PALATKA, FL 32177

**DO NOT WRITE
IN THIS SPACE**

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, 2006

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 100 MEMORIAL PKWY #D212
CITY-ST-ZIP EAST PALATKA, FL 32177

TITLE TP
NAME THOMAS, ELOUISE
STREET ADDRESS 208 CLEVELAND 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 EAST PALATKA, FL 32177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Deeth Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

Daytime Phone #