

2006 FILING INFORMATION
ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90212 028 ****61.25

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**



04132006 No Chg-NP CR2E037 (11/05)

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, K 100 MEMORIAL PKWY #D212 EAST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP THOMAS, ELOUISE 208 CLEVENLAND AVE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP BAKER, ONA 225 BERNKIAM ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DB BAKER, ROBERT L 225 BENHAM ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE BOONE, ELDER AUDLEY 100 MEMORIAL PKWY #D212 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: *Keith Thomas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06
Date

Daytime Phone #