

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16573

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** COMMUNITY DELIVERANCE CHURCH CORPORATION

**Current Principal Place of Business:**

414 NW 10TH AVE  
BOYNTON BEACH, FL 334354013

**New Principal Place of Business:**

**Current Mailing Address:**

414 NW 10TH AVE  
BOYNTON BEACH, FL 334354013

**New Mailing Address:**

**FEI Number:** 65-0056299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOUIE, WILLIAM JAMES  
414 NW 10TH AVENUE  
BOYNTON BEACH, FL 33435 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OWEN, JOE F.  
Address: 807 NW 4TH STREET  
City-St-Zip: BOYNTON BEACH, FL

Title: D ( ) Delete  
Name: MORELL, WILLIE  
Address: 350 NW 16 CH.  
City-St-Zip: BOYNTON BEACH, FL

Title: D ( ) Delete  
Name: WILKINS, WILBERT LEE  
Address: 133 NW 6TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL

Title: D ( ) Delete  
Name: BOUIE, WILLIAM JAMES  
Address: 409 NW 6TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM JAMES BOUIE

REV.

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date