
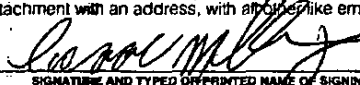


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

07:29:2004 90007 007 ****61.00
 SECRETARY OF STATE N21622
 DIVISION OF CORPORATIONS

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DOCUMENT # N21622					
1. Entity Name APOSTLE FAITH CHURCH OF DELIVERANCE, INC.					
Principal Place of Business 112 DEVONSHIRE DRIVE FT. PIERCE FL 34946		Mailing Address 112 DEVONSHIRE DRIVE FT. PIERCE FL 34946			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0104872	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, ISAAC 112 DEVONSHIRE DR. FT. PIERCE FL 34946			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, ISAAC		NAME		
STREET ADDRESS	112 DEVONSHIRE DR.		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, GRACE		NAME		
STREET ADDRESS	112 DEVONSHIRE DR.		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, DAVID		NAME		
STREET ADDRESS	112 DEVONSHIRE DR.		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BACON, DARCY		NAME		
STREET ADDRESS	3108 IROQUOIS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IVEY, JULIUS		NAME		
STREET ADDRESS	4000 AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VINCENT TYRONE CRENSHAW		NAME		
STREET ADDRESS	3101 IROQUOIS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		CITY-ST-ZIP		
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 appropriate empowerment.					
SIGNATURE: 			Date _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone # _____</small>		

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MOORE CR2E037 (4/04)

Handwritten initials