


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N21622
 1. Entity Name
APOSTLE FAITH CHURCH OF DELIVERANCE, INC.



Principal Place of Business Mailing Address
112 DEVONSHIRE DRIVE **112 DEVONSHIRE DRIVE**
FT. PIERCE FL 34946 **FT. PIERCE FL 34946**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
65-0104872 Not Applicable

5. Certificate of Status Desired **\$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

Street Address (P.O. Box Number is Not Acceptable)

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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, ISAAC	
STREET ADDRESS	112 DEVONSHIRE DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	MILLER, GRACE	
STREET ADDRESS	112 DEVONSHIRE DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, DAVID	
STREET ADDRESS	112 DEVONSHIRE DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BACON, DARCY	
STREET ADDRESS	3108 IROQUOIS AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	IVEY, JULIUS	
STREET ADDRESS	4000 AVENUE SOUTH	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	VINCENT TYRONE CRENSHAW	
STREET ADDRESS	3101 IROQUOIS AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

UN0000419146
 02/14/06-80035-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ DATE: 2-3-06 1777-414 7196