

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21622

FILED
Jan 06, 2009
Secretary of State

Entity Name: APOSTLE FAITH CHURCH OF DELIVERANCE, INC.

Current Principal Place of Business:

112 DEVONSHIRE DRIVE
FT. PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

112 DEVONSHIRE DRIVE
FT. PIERCE, FL 34946

New Mailing Address:

FEI Number: 65-0104872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, GRACE
112 DEVONSHIRE DR.
FT. PIERCE, FL 34946 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: PD () Delete
Name: MILLER, GRACE
Address: 112 DEVONSHIRE DR.
City-St-Zip: FT. PIERCE, FL

Title: VPTD () Delete
Name: MILLER, GRACE,
Address: 112 DEVONSHIRE DR.
City-St-Zip: FT. PIERCE, FL

Title: D () Delete
Name: ANDERSON, DAVID
Address: 112 DEVONSHIRE DR.
City-St-Zip: FT. PIERCE, FL

Title: D () Delete
Name: BACON, DARCY,
Address: 3108 IROQUOIS AVENUE
City-St-Zip: FT. PIERCE, FL

Title: D () Delete
Name: IVEY, JULIUS,
Address: 4000 AVENUE SOUTH
City-St-Zip: FT. PIERCE, FL

Title: VTD () Delete
Name: VINCENT TYRONE CRENS, HAW
Address: 2651 IROQUOIS AVENUE
City-St-Zip: FT. PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: GRACE MILLER

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date