

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90004 034 \*\*\*\*70.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # N26026</b><br>1. Entity Name<br><b>FAITH ASSEMBLY CHURCH OF DELIVERANCE, INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>2990 NW 5TH ST<br/>POMPANO BEACH, FL 33069</b>   |  |   | Mailing Address<br><b>761 NW 17 COURT<br/>PO BOX 1803<br/>POMPANO BCH, FL 33061</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country |  |  |  |
| 4. FEI Number<br><b>65-0047550</b>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |   |  | <b>\$8.75 Additional Fee Required</b>                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WATKINS, INEZ<br/>1720 NW SECOND AVENUE<br/>POMPANO BEACH, FL 33060</b>  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>   |  |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                       |  | <b>\$5.00 May Be Added to Fees</b>                     |  |
| <b>Make check payable to Florida Department of State</b>   |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>BELL, MARK<br/>761 NW 17 COURT<br/>POMPANO BEACH, FL</b>                          | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>BOYD, CORINE<br/>5520 CYPRESS RD<br/>PLANTATION, FL</b>                          | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST<br/>BELL, KATHERINE<br/>761 NW 17TH CT<br/>POMPANO BEACH, FL</b>                     | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>HUDSON, CLARENCE<br/>433 SW 2ND ST<br/>POMPANO BEACH, FL 33060</b>                | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>ROBINSON, JOHNNIE MAE<br/>2766 N.W. SECOND STREET<br/>POMPANO BEACH, FL 33069</b> | <input checked="" type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>Ernest Thompson<br/>600 N.W. 15th Avenue<br/>Ft Lauderdale, Florida 33311</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> <i>Katherine Bell</i> <b>3/17</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  |  |  |



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4. FEI Number  
**65-0047550**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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SIGNATURE \_\_\_\_\_

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\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE: *Katherine Bell* **3/17**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 2007 954 943-7291

Date Daytime Phone #