

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90261 049 \*\*\*\*61.25

<b>DOCUMENT # N33338</b> 1. Entity Name <b>LIVING FAITH DELIVERANCE CHURCH OF GOD, INC.</b>																																																																																																																													
Principal Place of Business <b>5403 NORTH SR 7</b> <b>TAMARAC, FL 33319 US</b>			Mailing Address <b>4780 NW 20TH ST</b> <b>LAUDERHILL, FL 33313</b>																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number <b>65-0331559</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent  <b>SIMMONDS, ROBERT</b> <b>4780 NW 20TH ST.</b> <b>LAUDERHILL, FL 33313</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reinstating) DATE _____																																																																																																																													
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DCP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIMMONDS, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4780 NW 20TH ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAUDERHILL, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIMMONDS, DORRETT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4780 NW 20TH ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAUDERHILL, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GERMAN, JUNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5305 NW 27TH STREET, UNIT 6C</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAUDERHILL, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, ZELMA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5305 NW 27TH ST., UNIT 6C</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAUDERHILL, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DCP	<input type="checkbox"/> Delete	NAME	SIMMONDS, ROBERT		STREET ADDRESS	4780 NW 20TH ST		CITY - ST - ZIP	LAUDERHILL, FL		TITLE	DVP	<input type="checkbox"/> Delete	NAME	SIMMONDS, DORRETT		STREET ADDRESS	4780 NW 20TH ST		CITY - ST - ZIP	LAUDERHILL, FL		TITLE	DS	<input type="checkbox"/> Delete	NAME	GERMAN, JUNE		STREET ADDRESS	5305 NW 27TH STREET, UNIT 6C		CITY - ST - ZIP	LAUDERHILL, FL		TITLE	DT	<input type="checkbox"/> Delete	NAME	WILLIAMS, ZELMA		STREET ADDRESS	5305 NW 27TH ST., UNIT 6C		CITY - ST - ZIP	LAUDERHILL, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	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			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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> <u>Robert Simmonds - Pres</u> <span style="float: right;">5-208 954-815-9427</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													