

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33338

FILED
May 13, 2009
Secretary of State

Entity Name: LIVING FAITH DELIVERANCE CHURCH OF GOD, INC.

Current Principal Place of Business:

5403 NORTH SR 7
TAMARAC, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4780 NW 20TH ST
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: 65-0331559 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMMONDS, ROBERT
4780 NW 20TH ST.
LAUDERHILL, FL 33313 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: DCP () Delete
Name: SIMMONDS, ROBERT
Address: 4780 NW 20TH ST
City-St-Zip: LAUDERHILL, FL

Title: DVP () Delete
Name: SIMMONDS, DORRETT
Address: 4780 NW 20TH ST
City-St-Zip: LAUDERHILL, FL

Title: DS () Delete
Name: GERMAN, JUNE
Address: 5305 NW 27TH STREET, UNIT 6C
City-St-Zip: LAUDERHILL, FL

Title: DT () Delete
Name: WILLIAMS, ZELMA
Address: 5305 NW 27TH ST., UNIT 6C
City-St-Zip: LAUDERHILL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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: ROBERT SIMMONDS

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05/13/2009

Electronic Signature of Signing Officer or Director

Date