## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N38925

FILED Apr 13, 2009 Secretary of State

Entity Name: PENTECOSTAL FAITH DELIVERANCE CENTER, INC.

ountil F	rincipal Place	VI Busiliess.	New Principal Plac	e or Business.
P.O. BOX VIMAUM/	745 A, FL 33598		2211 ROOSEVELTS WIMAUMA, FL 3359	
Current N	lailing Addres	s:	New Mailing Addre	ess:
P.O. BOX VIMAUM/	745 A, FL 33598			
El Number	: 65-0219582	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
08 15TH SUITE 700		95 US		
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or bot
	e of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or bot
n the Stat	e of Florida. * RE:	ubmits this statement for the place.		red office or registered agent, or bot Date
n the Stat SIGNATU	e of Florida. * RE:	ic Signature of Registered Ag	ent	
n the Stat SIGNATU	e of Florida.  RE: Electron  S AND DIRECT	ic Signature of Registered Ag FORS: Delete LIP C.	ent	Date
n the Stat  SIGNATU  DFFICER  ittle: lame: ddress:	e of Florida.  RE: Electron  S AND DIRECT  PD () DORSEY, PHILI 6017 BASSA ST WIMAUMA, FL	ic Signature of Registered Agr  FORS:  Delete LIP C.  Delete	ent  ADDITIONS/CHANG  Title:  Name:  Address:	Date  GES TO OFFICERS AND DIRECT
n the Stat  SIGNATU  DFFICER  itle: lame: ddress: itle: lame: ddress:	e of Florida.  RE: Electron  S AND DIRECT  PD () DORSEY, PHILI 6017 BASSA ST WIMAUMA, FL  TD () DORSEY, HELE 6017 BASSA ST WIMAUMA, FL	ic Signature of Registered Agrones:  Delete LIP C.  Delete N  Delete	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECT  ( ) Change ( ) Addition

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: PHILLIP C. DORSEY MR 04/13/2009