

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2005  
Secretary of State**

DOCUMENT# N51456

**Entity Name:** CHURCH OF THE LORD JESUS CHRIST FULL DELIVERANCE PENTECOSTAL CHURCH, INC.

**Current Principal Place of Business:**

3110 NW 166TH ST  
MIAMI, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

3110 NW 166TH ST  
MIAMI, FL 33054 US

**New Mailing Address:**

**FEI Number:** 65-0365768      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

GORE, MARTHA  
3110 N.W. 166 ST  
MIAMI, FL 33054 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: GORE, MARTHA,  
Address: 3110 NW 166 ST  
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete  
Name: HARRIS, ROBERT  
Address: 3110 NW 166 ST  
City-St-Zip: MIAMI, FL

Title: DPVP ( ) Delete  
Name: TUMBLING, TIMOTHY  
Address: 440 NW. 90TH ST.  
City-St-Zip: MIAMI, FL

Title: DT ( ) Delete  
Name: WILLIAMS, DARRYL  
Address: 2360 NW 155TH ST.  
City-St-Zip: OPA LOCKA, FL 33054

**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 for the exemption stated in Section 119.07(3)(i), 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: GORE, MARTHA

PD

05/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date