

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2007
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 ()**
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 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: MARTHA GORE

PD

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date