

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Oct 03, 2002 8:00 am**  
**Secretary of State**

09-22-2002 90069 014 \*\*\*\*61.25

DOCUMENT # *N93000002564*

1. Entity Name

*POWER, FAITH, & DELIVERANCE MINISTRIES*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*9405A NW 4TH AVE*

Suite, Apt. #, etc.

3. Mailing Address

*9405A NW 4TH AVE*

Suite, Apt. #, etc.

City & State

*MIAMI, FLA*

City & State

*MIAMI, FL 33150*

Zip

*33150*

Country

*USA*

Zip

*33150*

Country

*USA*

4. FEI Number

*65-0407527*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name *VINCENT SPANN*

Street Address (P.O. Box Number is Not Acceptable)

*9405A NW 4 AVE*

City *MIAMI*

FL

Zip Code

*33150*

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE *PRESIDENT (P)* *DIRECTOR*  
NAME *VINCENT SPANN* *MIAMI, FL*  
STREET ADDRESS *9405A NW 4TH AVE* *33150*  
CITY-ST-ZIP

TITLE *TRUSTEE*  
NAME *EMMANUEL WILLIAMS* *(V) PRES.*  
STREET ADDRESS *18545 NW 22 PL*  
CITY-ST-ZIP *MIAMI, FL 33055*

TITLE *TRUSTEE*  
NAME *SHIRLEY WALKER* *(S)*  
STREET ADDRESS *1361 NW 45 ST*  
CITY-ST-ZIP *MIAMI, FL 33142*

TITLE *CO-DIRECTOR*  
NAME *SHARON GREEN*  
STREET ADDRESS *10179 SW 171 ST*  
CITY-ST-ZIP *MIAMI, FL 33157*

TITLE  
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*VINCENT SPANN*  
*Vincent Spann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*19 SEP 02*

Date

*(305) 758-1781*

Daytime Phone #

CR2E037B (12/01)