

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

DOCUMENT # *1193000002564*

1. Entity Name  
*Power Faith & Deliverance Ministries Inc.*



FILED

05 JUN 10 11 9 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*175 N.W. 14th Street*

3. Mailing Address  
*2040 N.W. 5th Place*

DO NOT WRITE IN THIS SPACE

City & State  
*Miami Florida*  
Zip  
*33134*  
Country  
*U.S.A.*

City & State  
*Miami Florida*  
Zip  
*33127*  
Country  
*U.S.A.*

4. FEI Number  
*65-0407527*

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Vincent G. Spann*

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

*2040 N.W. 5th Place*

City  
*Miami*

FL

Zip Code  
*33127*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

800056527998  
06/27/05--01008--010 \*\*297.50  
*05/03/05*  
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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President  
Pastor Vincent G. Spann  
2040 N.W. 5th Place  
Miami, Florida 33127*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Vice President  
Pastor Keith W. Blevins  
2026 N.W. 71st Street  
Miami, Florida 33127*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Secretary  
Virginia B. Blevins  
2026 N.W. 71st Street  
Miami, Florida 33147*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**STATEMENT** *03-05*

800056527998  
06/27/05--01008--011 \*\*70.00

**DO NOT WRITE  
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)(l), 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 register 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: *[Signature]*

*05/03/05 786 306-4182*

CR2E037B (12/02)