

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90193 020 ****70.00

DOCUMENT # N93000003310

1. Entity Name

**LAST DAY DELIVERANCE TEMPLE OF THE APOSTOLIC
FAITH INTERNATIONAL, INC.**



Principal Place of Business

**3360 DAVIE BLVD SUITE B
FT. LAUD., FL. 33312**

Mailing Address

**3650 N.W. 44TH AVE
LAUDERDALE LAKES, FL. 33319**

2. Principal Place of Business

3360 DAVIE BLVD

3. Mailing Address

3650 N.W. 44TH AVE.

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)



City & State

FT. LAUDERDALE, FL.

City & State

LAUDERDALE LAKES, FL.

4. FEI Number

65-0426766

Applied For

Not Applicable

Zip

33312

Country

BROWARD

Zip

33319

Country

BROWARD

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

COSBY, VIRGIE M PASTOR

7. Name and Address of New Registered Agent

Name

Pastor Virgie M. Cosby

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

3650 N.W. 44TH AVE.

City

LAUDERDALE LAKES

FL

Zip Code

33319

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

Virgie M. Cosby

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

(NOTE: Registered Agent signature required when reappointing)

4-11-06

DATE

**FILE NOW. FEE IS \$61.25
Due By May 1, 2006**

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 **P** ☐ Delete
NAME **COSBY, VIRGIE M**
STREET ADDRESS
CITY - ST - ZIP

TITLE **V** ☐ Delete
NAME **COSBY, SR, LIONEL**
STREET ADDRESS **3650 N.W. 44TH AVE**
CITY - ST - ZIP **LAUDERDALE LAKES FL 33319**

TITLE **S** ☐ Delete
NAME **THOMPSON, MARILYN**
STREET ADDRESS **3650 N.W. 44TH AVE**
CITY - ST - ZIP **LAUDERDALE LAKES FL 33319**

TITLE **T** ☐ Delete
NAME **WEAVER, BERNICE**
STREET ADDRESS **1130 N.W. 19TH ST**
CITY - ST - ZIP **FT LAUDERDALE FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **COSBY, VIRGIE M.**
STREET ADDRESS **3650 N.W. 44TH AVE.**
CITY - ST - ZIP **LAUDERDALE LAKES, FL. 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **SAME**
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **SAME**
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **SAME**
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Virgie M. Cosby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06

Date

Daytime Phone #