

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90019 039 ****70.00

DOCUMENT # N93000003310

1. Entity Name

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



Principal Place of Business

**3360 DAVIE BLVD STE B
FORT LAUDERDALE FL 33312**

Mailing Address

**3650 N.W. 44TH AVENUE
LAUDERDALE LAKES FL 33319**



2. Principal Place of Business - No P.O. Box #

**3360 DAVIE BLVD.
SUITE 2**

3. Mailing Address

**3650 N.W. 44TH AVE.
SUITE 2**

1st MOORE

CR2E037 (10/07)

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
3650 NW 44TH AVE
FORT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 **3650 NW 44TH AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33319**

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 **828 N.W. 10TH AVE. BLDG. 16 #4**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

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

TITLE **V** ☒ Change ☐ Addition
NAME **Cosby, SR. LIONEL**
STREET ADDRESS **2780 SOMERSET DRIVE - P 203**
CITY-ST-ZIP **LAUDERDALE LAKES, FL.**

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

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

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**

April 7th, 2008