

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

2006 SEP 18 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000773

1. Entity Name
NEW BETHEL TEMPLE OF DELIVERANCE APOSTOLIC
CHURCH, INCORPORATED



Principal Place of Business

1019 DAVIS DRIVE
TAMPA, FL 33619

Mailing Address

1019 DAVIS DRIVE
TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE



09132006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3231078

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORTE, LOUISA
1019 DAVIS DRIVE
TAMPA, FL 33619

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

SIGNATURE

Louisa Forte

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

9/14/06

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	FORTE, LOUISA
STREET ADDRESS	1019 DAVIS DR.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	D
NAME	JEFFERSON, JAMES
STREET ADDRESS	2412 WISHING WELL CIRCLE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	D
NAME	JEFFERSON, RODERO
STREET ADDRESS	1019 DAVIS DR
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	D
NAME	MORMON, CALLIE M
STREET ADDRESS	9860 LEWIS RD
CITY-ST-ZIP	THONTASSA, FL
TITLE	D
NAME	JOHNSON, JOHN L.
STREET ADDRESS	7007 KINGSTON ST
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	DAVIS, ELEASE
STREET ADDRESS	741 S. 58TH STREET
CITY-ST-ZIP	TAMPA, FL 33619

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Louisa Forte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/06

Date

Daytime Phone #