

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # N94000001192

1. Entity Name  
THE TRUE DELIVERANCE CHURCH OF CHRIST  
INCORPORATED



Principal Place of Business  
18300 SW 109TH AVE  
MIAMI, FL 33157

Mailing Address  
18300 SW 109TH AVE  
MIAMI, FL 33157



DO NOT WRITE IN THIS SPACE

04192006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
65-0479688

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, LEROY  
19824 SW 118TH AVE  
MIAMI, FL 33177

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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

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

000000531274  
05/06/06-80034-021 61.25

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME SCOTT, LEROY  
STREET ADDRESS 19824 SW 118TH AVE  
CITY-ST-ZIP MIAMI, FL 33177

TITLE DVST  
NAME BARNES, DOROTHY  
STREET ADDRESS 11240 SW 159TH ST  
CITY-ST-ZIP MIAMI, FL 33157

TITLE D  
NAME SCOTT, QUEEN  
STREET ADDRESS 19824 SW 118TH AVE  
CITY-ST-ZIP MIAMI, FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Dorothy Barnes*  
DOROTHY BARNES

4/19/06 305-2542163