


FILED
Feb 20, 2007 8:00 am
Secretary of State

[REDACTED]

DOCUMENT # N94000002212

1. Entity Name
SALVATION AND DELIVERANCE MINISTRY, INC.



Principal Place of Business
398 NW 30TH TER
FT LAUDERDALE, FL 33311

Mailing Address
398 NW 30TH TER
FT LAUDERDALE, FL 33311

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

3. Mailing Address
SAME

Suite, Apt. #, etc.
,,

Suite, Apt. #, etc.
,,

City & State
,,

City & State
,,

Zip
,,

Country
,,

Zip
,,

Country
,,

6. Name and Address of Current Registered Agent
GIVENS, LORINZO SR
398 NW 30TH TER
FT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent
Name
SAME
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 *Lorinzo Givens* LORINZO GIVENS 2/16/07
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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	GIVENS, LORINZO SR	
STREET ADDRESS	398 NW 30TH TER	
CITY - ST - ZIP	FT LAUDERDALE, FL 33311	

TITLE	DV	<input type="checkbox"/> Delete
NAME	GIVENS, CHARLIE MAE	
STREET ADDRESS	398 NW 30TH TER	
CITY - ST - ZIP	FT LAUDERDALE, FL 33311	

TITLE	T	<input type="checkbox"/> Delete
NAME	SAPP, BARBARA J	
STREET ADDRESS	4900 NW 14TH ST	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33313	

TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, SANDRA	
STREET ADDRESS	151 SW 9TH TER #151	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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 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: *Lorinzo Givens* LORINZO GIVENS 2/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)