2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State
07-14-2008 90032 044 ****61.25

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1. Entity Name
NEW COVENANT DELIVERANCE CATHEDRAL, INC.

Principal Place of Business	Mailing Address
2404 NW 20 ST FT LAUDERDALE, FL 33311 US	165 NW 15 ST POMPANO BEACH, FL 33060 US

07092008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0509059
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRISSETT, BISHOP R
165 NW 15TH ST
POMPANO BEACH, FL 33060

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GRISSETT, BISHOP R
STREET ADDRESS	165 NW 15TH ST
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	DV
NAME	GRISSETT, IDA M
STREET ADDRESS	165 NW 15TH ST
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	DS
NAME	WIGGINS, HUBERT
STREET ADDRESS	1721 NW 35TH TER
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	DT
NAME	GRISSETT, DEACON C
STREET ADDRESS	2801 NW 6TH ST
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	GILES, DEACON L
STREET ADDRESS	2206 NW 20TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	D
NAME	GREEN, DEACON F JR
STREET ADDRESS	424 NE 2ND ST
CITY-ST-ZIP	BOYNTON BEACH, FL 33435

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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: [signature] 7-9-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #