

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004 8:00 am
Secretary of State

06-30-2004 90001 035 ****61.25

DOCUMENT # N94000005376

1. Entity Name
FAITH FELLOWSHIP DELIVERANCE CENTER, INC.



Principal Place of Business
**636 FIRWOOD COURT
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**P O BOX 161476
ALTAMONTE SPRINGS, FL 32716-476 US**

54059266



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06252004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3281319

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OWENS, THERESA V
636 FIRWOOD COURT
ALTAMONTE SPRINGS, FL 32714**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

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 PTD ☐ Delete
NAME OWENS, RUFUS L
STREET ADDRESS 636 FIRWOOD COURT
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE VPD ☐ Delete
NAME OWENS, THERESA V
STREET ADDRESS 636 FIRWOOD COURT
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D ☐ Delete
NAME OWENS, MICHAEL T
STREET ADDRESS 636 FIRWOOD COURT
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D ☐ Delete
NAME JACKSON, SHARON Y
STREET ADDRESS 14510 SW 105TH AVE
CITY-ST-ZIP MIAMI, FL

TITLE SD ☐ Delete
NAME FOSSITT, LARACE
STREET ADDRESS 833 VALENCIA ST
CITY-ST-ZIP SANFORD, FL 32771

TITLE D ☐ Delete
NAME DAVIS, PAULETTE
STREET ADDRESS 4516 SAN SEBASTIAN CIR
CITY-ST-ZIP ORLANDO, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☒ Addition
NAME Williams, Odis E.
STREET ADDRESS 488 Misty Oaks Run
CITY-ST-ZIP Casselberry, FL 32707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

Theresa V. Owens

Theresa V. Owens

6/26/04

407 682-9662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #