

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90142 014 ****70.00

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**

30063687



08232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3281319	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____

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 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OWENS, RUFUS L 636 FIRWOOD COURT ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OWENS, THERESA V 636 FIRWOOD COURT ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, MICHAEL T 636 FIRWOOD COURT ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, SHARON Y 14510 SW 105TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSSITT, LARACE 833 VALENCIA ST SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, PAULETTE 4516 SAN SEBASTIAN CIR ORLANDO, FL

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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

8/22/05

407 682-9662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #