


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000002414</b>	
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1. Entity Name  
GREATER FIRST CHURCH OF DELIVERANCE, INC.

Principal Place of Business  
7640 NORTH WEST 7TH AVENUE  
MIAMI, FL 33150

Mailing Address  
7620 NW 14TH COURT  
MIAMI, FL 33147



03242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0590387	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

EZELL, SHIRLEY A  
7620 NORTH WEST 14TH COURT  
MIAMI, FL 33147

**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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

0000000871541  
04/10/08-80017-003 8.75

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	EDWARDS, MARY E
STREET ADDRESS	7620 NW 14TH COURT
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VP/D
NAME	EZELL, SHIRLEY A
STREET ADDRESS	7620 NW 14TH COURT
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	SD
NAME	GARCIA, DEBORAH B
STREET ADDRESS	10910 SW 177TH ST.
CITY-ST-ZIP	MIAMI, FL 33157
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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04/10/08-80017-004 61.25

**DO NOT WRITE  
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

SHIRLEY A. EZELL VP/D

3/24/08

Date

305-836-5450

Daytime Phone #