

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

06-03-2005 90001 005 \*\*\*\*70.00

**DOCUMENT # N95000005404**

1. Entity Name

FAITH DELIVERANCE CRUSADE MINISTRIES INC.



Principal Place of Business

11726 MARINA DRIVE  
JACKSONVILLE FL 32246

Mailing Address

11726 MARINA DRIVE  
JACKSONVILLE FL 32246

2. Principal Place of Business

830 Arlington River Dr  
Suite, Apt. #, etc.  
#149

3. Mailing Address

P.O. Box 16152  
Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32211

Country

Duval

Zip

32246

Country

Duval

4. FEI Number

59-3371381

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANIER, LINDA  
11726 MARINA DRIVE  
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

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

*Linda Lanier*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	LANIER, LINDA	
STREET ADDRESS	11726 MARINA DRIVE	830 Arlington River
CITY-ST-ZIP	JACKSONVILLE FL 32246	Dr #149
TITLE	S	<input type="checkbox"/> Delete
NAME	KING, LATANYA	
STREET ADDRESS	11726 MARINA DR	830 Arlington River
CITY-ST-ZIP	JACKSONVILLE FL 32246	Dr #149
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, THERESA	
STREET ADDRESS	11726 MARINA DRIVE	830 Arlington River
CITY-ST-ZIP	JACKSONVILLE FL 32246	Dr #149
TITLE	D	<input type="checkbox"/> Delete
NAME	HALLMAN, APRIL	
STREET ADDRESS	11726 MARINA DRIVE	830 Arlington River
CITY-ST-ZIP	JACKSONVILLE FL 32246	Dr #149
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, BELINDA	
STREET ADDRESS	11726 MARINA DRIVE	830 Arlington River
CITY-ST-ZIP	JACKSONVILLE FL 32246	Dr #149
TITLE	D	<input type="checkbox"/> Delete
NAME	SEYMORE, LEON	
STREET ADDRESS	11726 MARINA DR.	830 Arlington River
CITY-ST-ZIP	JACKSONVILLE FL 32246	Dr #149

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

*Linda Lanier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/05 (904) 396-8550

Date

Daytime Phone #