

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jul 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000005404**

1. Entity Name

**FAITH DELIVERANCE CRUSADE MINISTRIES INC.**



Principal Place of Business

**830 ARLINGTON RIVER DRIVE  
#149  
JACKSONVILLE FL 32211**

Mailing Address

**P O BOX 16152  
JACKSONVILLE FL 32246**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

**LANIER, LINDA  
11726 MARINA DRIVE  
JACKSONVILLE FL 32246**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 ☐ Delete  
NAME **D**  
LANIER, LINDA  
STREET ADDRESS **830 ARLINGTON RIVER DRIVE, #149**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete  
NAME **S**  
KING, LATANYA  
STREET ADDRESS **830 ARLINGTON RIVER DRIVE, #149**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete  
NAME **D**  
PERRY, THERESA  
STREET ADDRESS **830 ARLINGTON RIVER DRIVE, #149**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete  
NAME **D**  
HALLMAN, APRIL  
STREET ADDRESS **830 ARLINGTON RIVER DRIVE, #149**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete  
NAME **D**  
BROWN, BELINDA  
STREET ADDRESS **830 ARLINGTON RIVER DRIVE, #149**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete  
NAME **D**  
SEYMORE, LEON  
STREET ADDRESS **830 ARLINGTON RIVER DRIVE, #149**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **U000000570046**  
CITY-ST-ZIP **07/13/06-80015-005 70.00**

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 exemptions contained in Section 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:

*Pastor Linda Lanier*

*6/29/06 (904) 727-0926*