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FILED
Aug 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Edwards Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006472 (1)**

1. Corporation Name

MINISTRY OF FAITH DELIVERANCE, INC.

Principal Place of Business

Mailing Address

4733 NORTHWEST 183RD STREET
MIAMI FL 33056

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MIAMI FL 33056

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

65-0807127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business
21 **4733 NW 183rd**
Suite, Apt. #, etc.

2a. Mailing Address
26 **7190 NW 179th #108**
Suite, Apt. #, etc.

22 **Miami Fl**
City & State

27 **Miami Fl**
City & State

23 **33056**
Zip

28 **33015**
Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZACK, ELLIOTT NOEL ESQ.
C/O PESETSKY & ZACK, P.A.
1367 NORTHEAST 182ND STREET
NORTH MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D Bishop** ☐ DELETE
NAME **WILLIAMS, SEAN R**
STREET ADDRESS **865 NORTHWEST 155TH LANE, APT. 204**
CITY-ST-ZIP **MIAMI FL 33169**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **Sandra Edwards**
1.3 STREET ADDRESS **865 NW 155th #204**
1.4 CITY-ST-ZIP **Miami Fl 33167** ☐ Change ☐ Addition

TITLE **D Asst. Bishop & overseer** ☐ DELETE
NAME **WILLIAMS, CYNTHIA D**
STREET ADDRESS **865 NORTHWEST 155TH LANE, APT. 204**
CITY-ST-ZIP **MIAMI FL 33169**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **Secretary**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D Bishop** ☐ DELETE
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **This person no longer in office or church**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D Bishop, Vernon L** ☐ DELETE
NAME **5930 NW 28 ave**
STREET ADDRESS **Miami Fl 33142**
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **Thank You. Sincerely**
4.3 STREET ADDRESS **Bishop J Williams**
4.4 CITY-ST-ZIP **Not C. Williams**

TITLE **S** ☐ DELETE
NAME **Sandra Edwards**
STREET ADDRESS **865 NW 155 Lane #204**
CITY-ST-ZIP **Miami Fl 33192**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **100002624881**
6.3 STREET ADDRESS **-08/26/98--01004--018**
6.4 CITY-ST-ZIP *****61.25**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cynthia Williams

31. 1998

CR2E037 (10/97)