## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 18, 2008 8:00 am Secretary of State 04-18-2008 90041 030 \*\*\*\*61.25

1. Entity Nam	MENT # N9700000 RN FAITH DELIVERANCE				14-18-2008 14-18-2008	8 90041 030	0 ****6	1.25	
Principal Place of Business 4816 N.W. 22ND AVENUE MIAMI, FL 33142		Mailing Address 12225 NW 21 PL MIAMI, FL 33167		118011101 019 10111			-		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152008 C	hg-NP	CR2E037	(12/06)		
City & State		City & State		4. FEI Number 65-079516	51			oplied For ot Applicable	
Zíp	Country	Zip	Country	5. Certificate of S	tatus Desired		8.75 Add ee Require		
-	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Add	lress of New	Registered Ag	ent .		
PACLEY, JAMES L 12225 NW 21TH PL				Name Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33167								
			City			FL	Zip Cod	e	
	named entity submits this statement	for the purpose of changing its re		stered agent, or both, in	the State of F	Florida. I am fai	l miliar with,	and accept	
life obligat	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)		DATE	·		
SIGNATURE	Signature, typed or printed name of registered ages Filling Fee is \$61.25 Due by May 1, 2008	nt and title d'appheable. (NOTE:  9. Election Camp  Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE Make check porida Departm			
	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing ontribution.	<u> </u>	Flo	Make check porida Departm	CTORS IN	tate	
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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:

PACLEY JAMES L