

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90054 009 \*\*\*\*61.25

**DOCUMENT # N98000001497**

1. Entity Name  
**FAITHFUL DELIVERANCE DEVELOPMENT, INC.**



Principal Place of Business  
**769 N.W. 111TH ST.  
MIAMI, FL 33169**

Mailing Address  
**769 N.W. 111TH ST.  
MIAMI, FL 33169**

**DO NOT WRITE IN THIS SPACE**



02082006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0820681**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**GRAZZAL, WHITFIELD MR  
13660 N W 2 AVENUE  
MIAMI, FL 33168**

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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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GRAZZAL, W BIS
STREET ADDRESS	13660 N.W. 2ND AVE.
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	T
NAME	GRAZZAL, FAYLN MIS
STREET ADDRESS	13660 N.W. 2ND AVE.
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	D
NAME	WISDOM, ROSE-MARIE SIS
STREET ADDRESS	550 N W 186 ST
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	AP
NAME	COOKE, HYACINTH EVAN
STREET ADDRESS	1411 N W 112 ST
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*Mr. Whitfield Grazzala*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/22/06*

Date

*305-915-4981*

Daytime Phone #