

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2007 8:00 am
Secretary of State

06-29-2007 90001 020 ****61.25

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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**

66020682



06062007 No Chg-NP CR2E037 (4/06)

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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 *Mr. Whitfield Grazzal Pastor*

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

(NOTE: Registered Agent signature required when reinstating)

6/25/07
DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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 Grazzal* *Whitfield Grazzal* *7/10/07* *305-7566740*

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Date

Daytime Phone #