

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

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90172 038 ****61.25

DOCUMENT # N98000004390

1. Entity Name

DELIVERANCE BY FAITH CHURCH, INC.



Principal Place of Business

111 NE M.L.K.J. BLVD
BOYNTON BEACH FL 33435

Mailing Address

111 NE M.L.K.J. BLVD
BOYNTON BEACH FL 33435



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

55-0856727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYONS, GLENN
2190 NE 1ST LN.
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33462

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

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

(NOTE: Registered Agent signature required when re-registering)

2-19-06

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 PD ☐ Delete
NAME LYONS, GLENN
STREET ADDRESS 2190 NE 1ST LN.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE SD ☐ Delete
NAME LYONS, DOROTHY A
STREET ADDRESS 2190 NE 1ST LN.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE TD ☐ Delete
NAME LANE, CLARENCE
STREET ADDRESS 407 NW 15TH AVE.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE SD ☐ Delete
NAME DAVIS LYONS, LINDA
STREET ADDRESS 2671 NE FIRST STREET
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition
NAME Robinson, Patricia
STREET ADDRESS 4127 Ponza Place
CITY-ST-ZIP Lake Worth, FL 33462

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

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:

Glenn Lyons

2-19-06 / 561-436-8554