

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004390

FILED  
Feb 12, 2012  
Secretary of State

Entity Name: DELIVERANCE BY FAITH CHURCH, INC.

**Current Principal Place of Business:**

416 NE MLKJ BLVD  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

416 M.L.K. JR BLVD  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 55-0856727

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LYONS, GLENN  
215N.W.8TH AVE  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LYONS, GLENN  
Address: 215N.W.8TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SD  
Name: LYONS, DOROTHY A  
Address: 215N.W.8TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: TD  
Name: LANE, CLARENCE  
Address: 434 N.E. 25AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: C  
Name: LYONS, TYRONE L  
Address: 215 N.W.8TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLENN LYONS

PD

02/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date