

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006763

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** ABUNDANT FAITH HEALING AND DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

3210 NO. 25TH ST.  
FORT PIERCE, FL 34946

**New Principal Place of Business:**

3210 NO. 25TH ST.  
705 29TH 5B  
FORT PIERCE, FL 34946 UN

**Current Mailing Address:**

3210 NO. 25TH ST.  
FORT PIERCE, FL 34946

**New Mailing Address:**

FEI Number: 65-0886946      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COLLINS, FELECIA  
3210 NO. 25TH ST.  
FT PIERCE, FL US

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

COLLINS, FELECIA  
3210 NO. 25TH ST.  
FT PIERCE, FL 34946 US

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: FELECIA COLLINS

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP/D  
Name: STOKES, SHAKERA L  
Address: 705 SOUTH 29TH STREET  
City-St-Zip: FT. PIERCE, FL 34946

Title: P/D  
Name: COLLINS, FELECIA  
Address: 3210 NO. 25TH ST.  
City-St-Zip: FT. PIERCE, FL 34946

Title: SD  
Name: WILLIS, KENDRA  
Address: 2109 SOUTH 33RD STREET  
City-St-Zip: FT. PIERCE, FL 34950

Title: D/T  
Name: BAKER, SHAMERIA  
Address: 2251 S.W. NIGHTINGALE TERRACE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D  
Name: WRIGHT, MATTHEW  
Address: 2801 AVE Q  
City-St-Zip: FT. PIERCE, FL 34950

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: FELECIA COLLINS

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date