

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90203 022 ****61.25

DOCUMENT # N99000007298

1. Entity Name
FAITH AND DELIVERANCE FULL GOSPEL CHURCH, INC.



Principal Place of Business
**2162 9TH AVE S
ST PETERSBURG, FL 33712**

Mailing Address
**3124 19TH AVE S.
ST PETERSBURG, FL 33712**

DO NOT WRITE IN THIS SPACE



02152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
52-2188109

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, ROBERT REV
3124 19TH AVE SOUTH
ST PETERSBURG, FL 33712**

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCD
WILLIAMS, IDA
3124 19TH AVE S.
SAINT PETERSBURG, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
JACKSON, PAMELA
3124 19TH AVE.
SAINT PETERSBURG, FL 33712**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/08
Date

727 323 3189
Daytime Phone #