

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007298

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** FAITH AND DELIVERANCE FULL GOSPEL CHURCH, INC.

**Current Principal Place of Business:**

2162 9TH AVE S  
ST PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

3124 19TH AVE S.  
ST PETERSBURG, FL 33712

**New Mailing Address:**

**FEI Number:** 52-2188109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLEMAN, ROBERT REV  
3124 19TH AVE SOUTH  
ST PETERSBURG, FL 33712 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: VCD  
Name: WILLIAMS, IDA  
Address: 3124 19TH AVE S.  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: TD  
Name: JACKSON, PAMELA  
Address: 3124 19TH AVE.  
City-St-Zip: SAINT PETERSBURG, FL 33712

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: ROBERT COLEMAN

PRES

04/29/2011

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

\_\_\_\_\_  
Date