# 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: VIOLA FORBES SPATES

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

# 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# 760064

Entity Name: NOW FAITH!! DELIVERANCE TABERNACLE, INC.

#### Current Principal Place of Business:

18459 PINES BLVD SUITE 212 PEMBROKE PINES, FL 33029

#### **Current Mailing Address:**

18459 PINES BLVD 212 PEMBROKE PINES, FL 33029 US

## FEI Number: 02-1000023

## Name and Address of Current Registered Agent:

FRANCIS, SANTEENA 18459 PINES BLVD 212 PEMBROKE PINES, FL 33029 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	SANTEENA FRANCIS			05/01/2025
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT, SENIOR PASTOR	Title	STD	
Name	FORBES SPATES, VIOLA	Name	FORBES, KATRINA	
Address	18459 PINES BLVD SUITE 212	Address	18459 PINES BLVD SUITE 212	
City-State-Zip:	PEMBROKE PINES FL 33029	City-State-Zip:	PEMBROKE PINES FL 33029	

FILED May 01, 2025 Secretary of State 0795948079CC

Certificate of Status Desired: No

05/01/2025 Date