I hereby certify that the information indicated on this report or supplemental report is true and a oath; that I am an officer or director of the corporation or the receiver or trustee empowered to above, or on an attachment with all other like empowered.		
SIGNATURE: FRANKLYN GOLDING	PD	04/15/2014

SIGNATURE: FRANKLYN GOLDING

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of 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.

Officer/Director Detail :

SIGNATURE:

Title	PD	Title	VPD	
Name	GOLDING, FRANKLYN	Name	GOLDING, DELROSE	
Address	434 BRECKENRIDGE CIR SE	Address	434 BRECKENRIDGE CIR SE	
City-State-Zip:	PALM BAY FL 32909	City-State-Zip:	PALM BAY FL 32909	
Title	TSD			
N.L				
Name	WALKER, VALENCIA			
Name Address	WALKER, VALENCIA 434 BRECKENRIDGE CIR SE			

Name and Address of Current Registered Agent:

GOLDING, FRANKLYN 434 BRECKENRIDGE CIR SE PALM BAY, FL 32909 US

DOCUMENT# N06000004109

Entity Name: APOSTOLIC DELIVERANCE TEMPLE OF FAITH, INC.

Current Principal Place of Business:

434 BRECKENRIDGE CIR SE PALM BAY, FL 32909

Current Mailing Address:

434 BRECKENRIDGE CIR SE PALM BAY, FL 32909 US

FEI Number: 04-2851304

Certificate of Status Desired: Yes

FILED Apr 15, 2014 Secretary of State CC8344273312

Date

Date