

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004109

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC8147154755**

**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**

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

GOLDING, FRANKLYN  
434 BRECKENRIDGE CIR SE  
PALM BAY, FL 32909 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name GOLDING, FRANKLYN  
Address 434 BRECKENRIDGE CIR SE  
City-State-Zip: PALM BAY FL 32909

Title VPD  
Name GOLDING, DELROSE  
Address 434 BRECKENRIDGE CIR SE  
City-State-Zip: PALM BAY FL 32909

Title TSD  
Name WALKER, VALENCIA  
Address 434 BRECKENRIDGE CIR SE  
City-State-Zip: PALM BAY FL 32909

*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: FRANKLYN GOLDING**

**PASTOR**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date