## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000480

Entity Name: DELIVERANCE CHRISTIAN CENTER, INC.

FILED
Jan 16, 2024
Secretary of State
4626746019CC

## **Current Principal Place of Business:**

400 CAHOON ROAD S. JACKSONVILLE. FL 32220

## **Current Mailing Address:**

400 CAHOON ROAD S.

JACKSONVILLE. FL 32220 US

FEI Number: 80-0326621 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MCDANIEL, ALONZO REV. 400 CAHOON ROAD S. JACKSONVILLE, FL 32220 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 P Title VF

Name MCDANIEL, ALONZO REV. Name MCDANIEL, FREDERICKA AEVANG.

Address 400 CAHOON ROAD S. Address 400 CAHOON ROAD S.

City-State-Zip: JACKSONVILLE FL 32220 City-State-Zip: JACKSONVILLE FL 32220

Title OFFICER Title O

 Name
 KIRBY, STEPHANIE
 Name
 MITCHELL, ANGELA

 Address
 400 CAHOON ROAD S.
 Address
 400 CAHOON ROAD S.

 City-State-Zip:
 JACKSONVILLE FL 32220
 JACKSONVILLE FL 32220

City-State-Zip: JACKSONVILLE FL 32220 City-State-Zip: JACKSONVILLE FL 32220

Title TREASURER

Name GOWDY-WIGGINS, DEBORAH

Address 400 CAHOON ROAD S.

City-State-Zip: JACKSONVILLE FL 32220

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: ALONZO MCDANIEL

Electronic Signature of Signing Officer/Director Detail

PRESIDENT 01/16/2024

Date