

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000480

Entity Name: DELIVERANCE CHRISTIAN CENTER, INC.**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
Name	MCDANIEL, ALONZO REV.
Address	400 CAHOON ROAD S.
City-State-Zip:	JACKSONVILLE FL 32220

Title	DEACONESS
Name	KIRBY, STEPHANIE
Address	400 CAHOON ROAD S.
City-State-Zip:	JACKSONVILLE FL 32220

Title	O
Name	JOHNSON, DARREN
Address	400 CAHOON ROAD S.
City-State-Zip:	JACKSONVILLE FL 32220

Title	T
Name	MCDANIEL, FREDERICKA AEVANG.
Address	400 CAHOON ROAD S.
City-State-Zip:	JACKSONVILLE FL 32220

Title	OFFICER
Name	WHITE, MARQUEZ
Address	1118 LAKESHORE BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32205

Title	O
Name	TAYLOR, TINA
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: FREDERICKA A MCDANIEL**TREASURER****01/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date