

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006341

**FILED**  
**Mar 22, 2017**  
**Secretary of State**  
**CC0060886401**

**Entity Name:** FAITH DELIVERANCE INTERNATIONAL OUTREACH MINISTRY INC.

**Current Principal Place of Business:**

1139 KISSIMMEE STREET  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

P.O.BOX 441  
MIDWAY, FL 32343

**FEI Number: 80-0433829**

**Certificate of Status Desired: No**

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

ALBERT, CAROLYN E  
175 SILVERHILL RD.  
MIDWAY, FL 32343 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	T	Title	S
Name	ALBERT, LUTHER	Name	MOORE, CARMETRE
Address	175 SILVERHILL RD.	Address	171 SILVERHILL RD.
City-State-Zip:	MIDAY FL 32343	City-State-Zip:	MIDAY FL 32343

Title	D
Name	ALBERT, CAROLYN PASTOR
Address	175 SILVERHILL RD.
City-State-Zip:	MIDAY FL 32343

*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: CAROLYN ALBERT**

**D**

**03/22/2017**

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

\_\_\_\_\_  
Date