

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006297

**Entity Name:** NEW FAITH DELIVERANCE CENTER C.O.G.I.C, INC.

**Current Principal Place of Business:**

18830 NW 44TH COURT  
MIAMI GARDENS, FL 33055

**Current Mailing Address:**

18830 NW 44TH COURT  
MIAMI GARDENS, FL 33055

**FEI Number:** 46-3264339

**Certificate of Status Desired:** Yes

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

FELICITY FINANCIAL SERVICES, INC.  
5701 HOLLYWOOD BLVD., SUITE E  
HOLLYWOOD, FL 33021 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 GAINES, WILLIE  
Address 18830 NW 44TH COURT  
City-State-Zip: MIAMI GARDENS FL 33055

Title SECRETARY  
Name GAINES, JACQUELINE  
Address 18830 NW 44TH COURT  
City-State-Zip: MIAMI GARDENS FL 33055

*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:** JACQUELINE GAINES

**SECTARY**

**04/30/2025**

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

\_\_\_\_\_  
Date