

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008830

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC0934243075**

**Entity Name:** ACOJ POWER OF DELIVERANCE INC.

**Current Principal Place of Business:**

65 LOUISE AVE  
OVIEDO, FL 32765

**Current Mailing Address:**

300 CONCH KEY WAY  
SANFORD, FL 32771

**FEI Number: 80-0944915**

**Certificate of Status Desired: No**

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

LEWIS, JEROME C  
300 CONCH KEY WAY  
SANFORD, FL 32771 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 LEWIS, JEROME C  
Address 300 CONCH KEY WAY  
City-State-Zip: SANFORD FL 32771

Title SD  
Name LEWIS, OAUGHTISE D  
Address 300 CONCH KEY WAY  
City-State-Zip: SANFORD FL 32771

Title TD  
Name BURGESS, DAVID  
Address 814 ORIENTA AVE APT C  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MD  
Name MONTGOMERY, ANTHONY  
Address 1167 JACKSON ST  
City-State-Zip: OVIEDO FL 32765

Title MD  
Name MONTGOMERY, LINDA  
Address 1167 JACKSON ST  
City-State-Zip: OVIEDO FL 32765

*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: JEROME.C.LEWIS**

**PASTOR**

**01/09/2015**

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

\_\_\_\_\_  
Date