#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008830

Entity Name: ACOJ POWER OF DELIVERANCE INC.

# **Current Principal Place of Business:**

65 LOUISE ST OVIEDO, FL 32765

## **Current Mailing Address:**

552 CASA MARINA PL SANFORD, FL 32771 US

FEI Number: 80-0944915 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

LEWIS, JEROME C 552 CASA MARINA PL 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

**FILED** Feb 06, 2018

**Secretary of State** 

CC2080433701

#### Officer/Director Detail:

Title Title SD

LEWIS, JEROME C Name LEWIS, OAUGHTISE D Name 552 CASA MARINA PL Address 552 CASA MARINA PL Address City-State-Zip: SANFORD FL 32771 SANFORD FL 32771 City-State-Zip:

Title MD Title TD

Name MONTGOMERY, ANTHONY Name LEWIS, AMANDA

Address 1167 JACKSON ST Address 552 CASA MARINA PL OVIEDO FL 32765 City-State-Zip: SANFORD FL 32771 City-State-Zip:

Title MD

Name LEWIS. SHANDRIEKA Address 552 CASA MARINA PL City-State-Zip: SANFORD FL 32771

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 Electronic Signature of Signing Officer/Director Detail PASTOR OVERSEER

02/06/2018