

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008830

**Entity Name:** POWER OF DELIVERANCE MINISTRIES APOSTOLIC FAITH INC

**FILED**  
**Jan 20, 2023**  
**Secretary of State**  
**3586224570CC**

**Current Principal Place of Business:**

4500 ORANGE BLVD  
SANFORD, FL 32771

**Current Mailing Address:**

4500 ORANGE BLVD  
SANFOD, FL 32771 US

**FEI Number: 80-0944915**

**Certificate of Status Desired: No**

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

LEWIS, JEROME C  
274 EAST FIESTA KEY LOOP  
DELAND, FL 32720 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 D  
Name LEWIS, SHANDRIEKA  
Address 274 EAST FIESTA KEY LOOP  
City-State-Zip: DELAND FL 32720

Title P  
Name LEWIS, JEROME C  
Address 274 EAST FIESTA KEY LOOP  
City-State-Zip: DELAND FL 32720

Title S  
Name LEWIS, OAUGHTISE D  
Address 274 FIESTA KEY LOOP  
City-State-Zip: DELAND FL 32720

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

Title D  
Name LEWIS, AMANDA  
Address 274 EAST FIESTA KEY LOOP  
City-State-Zip: DELAND FL 32720

Title ASST. TREASURER  
Name JAMES, GLORIA JEAN  
Address 805 VALENCIA ST  
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 LEWIS**

**PASTOR**

**01/20/2023**

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

\_\_\_\_\_  
Date