

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008830

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

**FILED**  
**Jan 29, 2019**  
**Secretary of State**  
**9785022276CC**

**Current Principal Place of Business:**

552 CASA MARINA PLACE  
SANFORD, FL 32771

**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 PLACE  
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 D  
Name LEWIS, SHANDRIEKA  
Address 552 CASA MARINA PL  
City-State-Zip: SANFORD FL 32771

Title P  
Name LEWIS, JEROME C  
Address 552 CASA MARINA PLACE  
City-State-Zip: SANFORD FL 32771

Title S  
Name LEWIS, OAUGHTISE D  
Address 552 CASA MARINA PLACE  
City-State-Zip: SANFORD FL 32771

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

Title CFO  
Name HILL, GLORIA JOYCE  
Address 7612 PRATO AVE  
City-State-Zip: ORLANDO FL 32819

Title D  
Name LEWIS, AMANDA  
Address 552 CASA MARINA PLACE  
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**

**PD**

**01/29/2019**

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

\_\_\_\_\_  
Date