

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1400002083

**FILED  
Jun 08, 2016  
Secretary of State  
CC5923882053**

**Entity Name:** FIRST PARTAKERS DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

1810 SAXON STREET  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

1810 SAXON STREET  
TALLAHASSEE, FL 32310

**FEI Number:** 46-5138666

**Certificate of Status Desired:** No

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

MURRAY, RICKY SR.  
1810 SAXON STREET  
TALLAHASSEE, FL 32310 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            MURRAY, RICKY SR.  
Address        1810 SAXON STREET  
City-State-Zip: TALLAHASSEE FL 32310

Title            D  
Name            MURRAY, JULIE  
Address        1810 SAXON STREET  
City-State-Zip: TALLAHASSEE FL 32310

Title            SD  
Name            BAKER, TERALD  
Address        1810 SAXON STREET  
City-State-Zip: TALLAHASSEE FL 32310

*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:** JULIE MURRAY

**PASTOR**

**06/08/2016**

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

\_\_\_\_\_  
Date