

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000001428

**Entity Name:** GRACE AND MERCY DELIVERANCE CENTER,INC

**Current Principal Place of Business:**

5607 SW 27 ST  
WEST PARK, FL 33023

**Current Mailing Address:**

18350 NW 2ND AVE  
646  
MIAMI, FL 33169 US

**FEI Number:** 83-0916101

**Certificate of Status Desired:** No

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

RUSSELL, DELROY  
5846 FUNSTON STREET  
HOLLYWOOD, FL 33023 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 P  
Name RUSSELL, DELROY L  
Address 18350 NW 2ND AVE  
646  
City-State-Zip: MIAMI FL 33169

Title VP  
Name EDWARD, CURTIS  
Address 18350 NW 2ND AVE  
646  
City-State-Zip: HOLLYWOOD FL 33169

Title SECR  
Name LEWIS, AVIS  
Address 18350 NW 2ND ANE  
646  
City-State-Zip: MIAMI FL 33169

Title TREA  
Name LEWIS, AVIS  
Address 18350 NW 2ND AVE  
646  
City-State-Zip: HOLLYWOOD FL 33169

*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:** DELROY RUSSELL

**PRESIDENT**

**04/08/2024**

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

\_\_\_\_\_  
Date