

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

DOCUMENT# N21622

**Entity Name:** APOSTLE FAITH CHURCH OF DELIVERANCE, INC.

**Current Principal Place of Business:**

112 DEVONSHIRE DRIVE  
FT. PIERCE, FL 34946

**FILED**  
**Jan 11, 2024**  
**Secretary of State**  
**5610846152CC**

**Current Mailing Address:**

2651 IROQUOIS AVE  
FORT PIERCE, FL 34946 US

**FEI Number: 65-0104872**

**Certificate of Status Desired: Yes**

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

MILLER, GRACE  
112 DEVONSHIRE DR.  
FT. PIERCE, FL 34946 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 PD  
Name MILLER, GRACE  
Address 112 DEVONSHIRE DR.  
City-State-Zip: FT. PIERCE FL 34946

Title VPTD  
Name MILLER, GRACE  
Address 112 DEVONSHIRE DR.  
City-State-Zip: FT. PIERCE FL 34946

Title TRUSTEE, OFFICER  
Name CRENSHAW, VINCENT TYRONE JR.  
Address 2651 IROQUOIS AVENUE  
City-State-Zip: FT. PIERCE FL 34946

Title DEACON, CHAIRMAN  
Name PARNELL, WILLIE  
Address 808 OSCEOLA AVENUE  
City-State-Zip: FT. PIERCE FL 34982

Title D  
Name LAVIENIA, CRENSHAW  
Address 2651 IROQUOIS AVENUE  
City-State-Zip: FT. PIERCE FL 34946

Title VTD  
Name CRENSHAW, VINCENT TYRONE SR.  
Address 2651 IROQUOIS AVENUE  
City-State-Zip: FT. PIERCE FL 34946

Title DIRECTOR  
Name INGRAM, FELICIA G  
Address 112 DEVONSHIRE DRIVE  
City-State-Zip: FT. PIERCE FL 34946

Title TRUSTEE  
Name WILLIAMS, IRIS D  
Address 4222 ABERFOYLE AVENUE  
City-State-Zip: FT. PIERCE FL 34947

**Continues on page 2**

*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: GRACE MILLER**

**PD**

**01/11/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE, OFFICER  
Name CRENSHAW, VINICIA LOUISA  
Address 2651 IROQUOIS AVENUE  
City-State-Zip: FORT PIERCE FL 34946

Title TRUSTEE  
Name SPANN, MARVINA AQUILLA  
Address 2021 SE LENNARD ROAD  
APT#111  
City-State-Zip: PORT ST LUCIE FL 34952

Title TRUSTEE  
Name WILLIAMS, JAE'DA BRIELLE  
Address 4222 ABERFOYLE AVENUE  
City-State-Zip: FORT PIERCE FL 34947

Title CHURCH MOTHER OF AFCD INC.  
Name ANDERSON, LOUELLA  
Address 710 NORTH 23RD STREET  
City-State-Zip: FORT PIERCE FL 34950