

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

DOCUMENT# N34158

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC0398066516**

**Entity Name:** CHRISTIAN DELIVERANCE CENTER, INC.

**Current Principal Place of Business:**

1403 W SPENCER STREET  
PLANT CITY, FL 33563

**Current Mailing Address:**

1403 W SPENCER STREET  
PLANT CITY, FL 33563

**FEI Number: 59-2967896**

**Certificate of Status Desired: Yes**

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

SNELL, WILLIE A  
1401 W SPENCER STREET  
PLANT CITY, FL 33563 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 SNELL, WILLIE A  
Address 1401 W SPENCER STREET  
City-State-Zip: PLANT CITY FL 33563

Title D  
Name SNELL, MARY E  
Address 1401 W SPENCER STREET  
City-State-Zip: PLANT CITY FL 33563

Title D  
Name ARTHUR, JOHN T  
Address 2408 E. MLK BLVD  
City-State-Zip: TAMPA FL 33603

Title D  
Name SNELL, TONIKA L  
Address 16341 NW 18TH CT  
City-State-Zip: MIAMI FL 33054

*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: MARY SNELL**

**DIRECTOR**

**01/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date