# 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

Electronic Signature of Signing Officer/Director Detail

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

#### DOCUMENT# N48945

Entity Name: GLORIOUS CHURCH OF GOD WITH DELIVERANCE, INCORPORATION, INC.

#### **Current Principal Place of Business:**

3501 N. CENTRAL AVENUE TAMPA, FL 33603

#### **Current Mailing Address:**

PO BOX 172224 TAMPA, FL 33672 US

## FEI Number: 59-3649921

## Name and Address of Current Registered Agent:

JAMES DIXON 1935 CINNAMON DR LAKELAND, FL 33801 US

The above named entity submits this s

#### SIGNATURE:

Electronic Sig

### **Officer/Director Detail :**

••			
Title	PD	Title	E
Name	JAMES DIXON	Name	KATELIA RUTLEDGE
Address	1935 CINNAMON DR	Address	12523 TINSLEY CIRCLE APT 102
City-State-Zip:	LAKELAND FL 33801	City-State-Zip:	TAMPA FL 33612
ony onto zip.			

tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
gnature of Registered Agent			Date
	Title	E	

above, or on an attachment with all other like empowered. 01/06/2019 SIGNATURE: JAMES DIXON PASTOR

FILED Jan 06, 2019 Secretary of State 4349728376CC

Certificate of Status Desired: Yes

Date