

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

DOCUMENT# N93000003310

**FILED**  
**Feb 28, 2024**  
**Secretary of State**  
**0906948309CC**

**Entity Name:** LAST DAY DELIVERANCE TEMPLE OF THE APOSTOLIC FAITH INTERNATIONAL, INC.

**Current Principal Place of Business:**

3360 DAVIE BLVD  
STE. 2  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

P O BOX 120842  
FORT LAUDERDALE, FL 33312

**FEI Number: 65-0426766**

**Certificate of Status Desired: Yes**

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

COSBY, SR., LIONEL LPRESI  
1713 NW 16TH STREET  
FORT LAUDERDALE, FL 33311 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            PRES  
Name            COSBY, SR., LIONEL L  
Address        PO BOX 120842  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            V  
Name            NELSON COSBY, MARILYN K  
Address        P O BOX 120842  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            S  
Name            NELSON COSBY , MARILYN K  
Address        P O BOX 120842  
City-State-Zip: FORT LAUDERDALE FL 33312

*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: NELSON COSBY, MARILYN K**

**S**

**02/28/2024**

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

\_\_\_\_\_  
Date