

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007858

FILED
Apr 30, 2008
Secretary of State

Entity Name: HOUSE OF PRAYER & PRAISE DELIVERANCE CENTER INC.

Current Principal Place of Business:

6900 SILVER STAR ROAD
#112
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

8519 WHITE RD.
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 31-1740460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KITSON, C. HORACE
8519 WHITE RD.
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JULIAN, FITZ H
Address: 109 BRANSON AVE
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: WATERS, DANA A
Address: 6854 POMEROY CIR
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: FELICIANO, JAMES
Address: 14109 PIPE VINE CT
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: HARRIS, JOHNNIE B
Address: 2530 FLETCH CT
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: IRVING, MAVIS
Address: 1886 MATTERHORN DR
City-St-Zip: ORLANDO, FL 32818

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FELICIANO, JAMES
Address: 14103 PIPE VINE CT
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KITSON, LORNA M
Address: 8519 WHITE ROAD
City-St-Zip: ORLANDO, FL 32818

Title: D () Change (X) Addition
Name: C OLE, CARMEN T
Address: 33650 HONEY TREE COURT
City-St-Zip: EUSTIS, FL 32736

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: C. HORACE KITSON

Electronic Signature of Signing Officer or Director

REV.

04/30/2008

_____ Date