


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

06-30-2005 90001 034 \*\*\*\*61.25

<b>DOCUMENT # N04000010163</b>					
1. Entity Name <b>CHRISTIAN DELIVERANCE HOUSE OF PRAYER, INC.</b>					
Principal Place of Business 1036 STATE ST W PALM BEACH, FL 33407			Mailing Address 1036 STATE ST W PALM BEACH, FL 33407		
2. Principal Place of Business <i>1036 State Street</i>		3. Mailing Address <i>1036 State Street</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>West Palm Beach, FL</i>		City & State <i>West Palm Beach, FL</i>		4. FEI Number <i>42-1657522</i>	
Zip <i>33407</i>		Country <i>U.S.</i>		Applied For Not Applicable	
Zip <i>33407</i>		Country <i>U.S.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WLLIS, CAMERON J 1036 STATE ST W PALM BEACH, FL 33407</b>			7. Name and Address of New Registered Agent Name <i>Ellis, Cameron J.</i> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____			DATE <i>6-23-05</i>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLIS, CAMERON J		NAME		
STREET ADDRESS	1036 STATE ST		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THILLET, EILEEN		NAME		
STREET ADDRESS	1036 STATE ST		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANNON, CAPURNIA		NAME		
STREET ADDRESS	340-B 10TH ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK, FL 33403		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			DATE: <i>6-23-05 (501) 856-4511</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		