

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# N04000010163

Entity Name: CHRISTIAN DELIVERANCE HOUSE OF PRAYER, INC.

**Current Principal Place of Business:**

1036 STATE ST  
W PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

1036 STATE ST  
W PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 42-1657522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

ELLIS, CAMERON J  
1036 STATE ST  
W PALM BEACH, FL 33407      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

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ELLIS, CAMERON J  
Address: 1036 STATE ST  
City-St-Zip: W PALM BEACH, FL 33407

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

Title: T      ( ) Delete  
Name: THILLET, EILEEN  
Address: 1036 STATE ST  
City-St-Zip: W PALM BEACH, FL 33407

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

Title: S      (X) Delete  
Name: CANNON, CAPURNIA  
Address: 340-B 10TH ST  
City-St-Zip: LAKE PARK, FL 33403

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

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: CJE

CJE

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date