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	BISHOP C. HORACE KITSON			06/29/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DIRECTOR	Title	DIRECTOR	
Name	MANGRUM, RUTH-ANN E	Name	WATERS, DANA A. PASTOR	
Address	222 CARPENTERS WAY,.	Address	1569 AMBER LEAF CIR	
City-State-Zip:	61 LAKELAND FL 33805	City-State-Zip:	OCOEE FL 34761	
		Title	DIRECTOR	
Title Name	DIRECTOR KITSON, LORNA M. DR.	Name	WRIGHT - POWELL, BEVERLY MINISTER	А
Address	8519 WHITE RD.	Address	5167 WOODRIDGE CT	
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	OCOEE FL 34761	
Title	DIRECTOR	Title	DIRECTOR	
Name	JOHNSON, JO-ANNE P	Name	NEWLAND, DAL KEITH	
Address	1102 VIZCAYA LAKES RD 101	Address	P.O. BOX122 APOPKA FL 32704	
City-State-Zip:	OCOEE FL 34761	City-State-Zip:	AFUFNA FL 32104	

8519 WHITE RD. ORLANDO, FL 32818 US

**Current Mailing Address:** 

DOCUMENT# N0000007858

6900 SILVER STAR ROAD

ORLANDO, FL 32818

#112

**Current Principal Place of Business:** 

## FEI Number: 31-1740460

## Name and Address of Current Registered Agent:

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

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.

DIRECTOR

## SIGNATURE: MANGRUM, RUTH-ANN E

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

06/29/2020

Date