

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007858

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

**FILED**  
**May 15, 2019**  
**Secretary of State**  
**3323838032CC**

**Current Principal Place of Business:**

6900 SILVER STAR ROAD  
#112  
ORLANDO, FL 32818

**Current Mailing Address:**

8519 WHITE RD.  
ORLANDO, FL 32818 US

**FEI Number: 31-1740460**

**Certificate of Status Desired: No**

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

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

**05/15/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MANGRUM, RUTH-ANN E  
Address 222 CARPENTERS WAY.,  
61  
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR  
Name WATERS, DANA A. PASTOR  
Address 1569 AMBER LEAF CIR  
City-State-Zip: OCOEE FL 34761

Title DIRECTOR  
Name KITSON, LORNA M. DR.  
Address 8519 WHITE RD.  
City-State-Zip: ORLANDO FL 32818

Title DIRECTOR  
Name WRIGHT - POWELL, BEVERLY A  
MINISTER  
Address 5167 WOODRIDGE CT..  
City-State-Zip: OCOEE FL 34761

Title DIRECTOR  
Name JOHNSON, JO-ANNE P  
Address 1102 VIZCAYA LAKES RD  
101  
City-State-Zip: OCOEE FL 34761

Title DIRECTOR  
Name JENKINS, RUSSEL KIM MINISTER  
Address 532 BABLONICA DR  
City-State-Zip: ORLANDO FL 32807

*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: MANGRUM, RUTH-ANN E**

**DIRECTOR**

**05/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date