## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000007858

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

Officer/Director Detail:

DIRECTOR DIRECTOR Title Title

MANGRUM, RUTH-ANN E Name Name WATERS, DANA A. PASTOR Address 222 CARPENTERS WAY,. Address 1569 AMBER LEAF CIR

City-State-Zip: OCOEE FL 34761 LAKELAND FL 33805 City-State-Zip:

Title **DIRECTOR DIRECTOR** Title

Name WRIGHT - POWELL, BEVERLY A Name KITSON, LORNA M. DR.

**MINISTER** 

Address 8519 WHITE RD. Address 5167 WOODRIDGE CT..

City-State-Zip: OCOEE FL 34761 City-State-Zip: ORLANDO FL 32818

Title DIRECTOR Title DIRECTOR

Name JENKINS, RUSSEL KIM MINISTER JOHNSON, JO-ANNE P Name

532 BABLONICA DR Address 1102 VIZCAYA LAKES RD Address 101

City-State-Zip: ORLANDO FL 32807 City-State-Zip: OCOEE FL 34761

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

Date