I have been and that the information indicated on this report of mode control operation and that we also have been been been affect on it mode control of
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.

SD

#### SIGNATURE: LAURA ROWE

Electronic Signature of Signing Officer/Director Detail

**Current Mailing Address:** 

### FEI Number: 57-1139608

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

SMITH, PATRICIA 1505 1ST AVE EAST PALMETTO, FL 34221 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

### **Officer/Director Detail :**

Title	PD	Title	VD
Name	SMITH, HENRY	Name	SMITH, PATRICIA
Address	1505 1ST AVE. EAST	Address	1505 1ST AVE. EAST
City-State-Zip:	PALMETTO FL 34221	City-State-Zip:	PALMETTO FL 34221
Title	SD		
Name	ROWE, LAURA		
Address	2609 6TH AVE EAST		
City-State-Zip:	PALMETTO FL 34221		

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0300000271

# Entity Name: GOD'S PRAISE FAITH & DELIVERANCE MINISTRIES, INC.

# **Current Principal Place of Business:**

1509 1ST AVE. EAST PALMETTO, FL 34221

1509 1ST AVE. EAST PALMETTO, FL 34221

# Certificate of Status Desired: No

FILED Mar 13, 2013 Secretary of State CC8441157043

> 03/13/2013 Date

Date