

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003053

Entity Name: MORNING GLORY HOUSE OF PRAYER DELIVERANCE
MINISTRY INC.**FILED**
Apr 28, 2013
Secretary of State
CC3996495851**Current Principal Place of Business:**1505 W 15TH
JAX, FL 32209**Current Mailing Address:**2325 MC QUADE ST.
JAX, FL 32209**FEI Number: 59-3505875****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WEBB, LINDA PASTOR
2325 MCDUADE ST
JAX, FL 32209 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**Officer/Director Detail :**

Title	T
Name	WEBB, LINDA
Address	2325 MCQUADE ST
City-State-Zip:	JACKSONVILLE FL 32220

Title	T
Name	WEBB, JOSEPH
Address	6455 ARGYLE FOREST BLVD
City-State-Zip:	JACKSONVILLE FL 32244

Title	T
Name	FARMER, FALECIA
Address	2325 MCQUADE STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	T
Name	WIGGINS, MAURICE
Address	2325 MCQUADE STREET
City-State-Zip:	JACKSONVILLE FL

Title	TRUSTEE
Name	HAMMOND, DOMINIQUE L
Address	8711 NEWTON RD. 61
City-State-Zip:	JACKSONVILLE FL 32216

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: PASTOR LINDA WEBB**PASTOR****04/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date