


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90012 038 ****61.25

DOCUMENT # 720942			
1. Entity Name FAITH OF DELIVERANCE CHURCH, HOUSE OF PRAISE, INC.			
Principal Place of Business 2955 GOODRICH AVE P.O. BOX 2732 SARASOTA FL 34230 US		Mailing Address 2955 GOODRICH AVE P.O. BOX 2732 SARASOTA FL 34230	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0058900	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JENKINS,IRA 2955 GOODRICH AVE SARASOTA FL 34234		Name Betty Jenkins	
		Street Address (P.O. Box Number is Not Acceptable) 2955 Goodrich Ave.	
		City Sarasota	
		FL Zip Code 34234	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GATLIN, WANDA 1731 LARGO CIRCLE VALDOSTA GA 31602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Leverett, Pam Hwy 280 W., P.O. Box:282 Americus, GA 31709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, IRA 2955 GOODRICH AVE SARASOTA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jenkins, Betty 2955 Goodrich Ave. Sarasota, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENKINS, BETTY 2955 GOODRICH AVE SARASOTA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sanders, Lorene P.O. Box 1072 Madison, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKER, JOHN 995 VIRGINIA AVE. SARASOTA FL 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Betty Jenkins** *Betty Jenkins* **Mar 1-04** **(850) 993 4875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #