


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

05-30-2007 90005 006 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



05072007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0058900**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JENKINS, BETTY**  
**2955 GOODRICH AVE**  
**SARASOTA, FL 34234**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	LEVERETT, PAM	
STREET ADDRESS	HWY 280 W. PO BOX 282	
CITY-ST-ZIP	AMERICUS, GA 31709	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANDERS, LORENE	
STREET ADDRESS	P.O. BO 1072	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	P	<input type="checkbox"/> Delete
NAME	JENKINS, BETTY	
STREET ADDRESS	2955 GOODRICH AVE	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAKER, JOHN	
STREET ADDRESS	995 VIRGINIA AVE.	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Y Genval Dickens	
STREET ADDRESS	1010 32nd Ave East	
CITY-ST-ZIP	Bradenton, Fla 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VA	
STREET ADDRESS	2112 66th Ave West	
CITY-ST-ZIP	Lillian Baker Bradenton, Fla	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 May 30 850-9934875

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