


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90096 006 \*\*\*\*61.25

<b>DOCUMENT # 735904</b>	
1. Entity Name <b>PENTECOSTAL DELIVERENCE HOUSE OF PRAYER FOR ALL GOD'S PEOPLE INC.</b>	

Principal Place of Business <b>409 CHEROKEE STREET JACKSONVILLE, FL 32254</b>	Mailing Address <b>409 CHEROKEE STREET JACKSONVILLE, FL 32254</b>
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2. Principal Place of Business <b>409 Cherokee St.</b>	3. Mailing Address <b>409 Cherokee St.</b>
Suite, Apt. #, etc. <b>NA</b>	Suite, Apt. #, etc. <b>NA</b>

City & State <b>JAX. FL.</b>	City & State <b>JAX. FL.</b>
Zip <b>32254</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>MACK, EARLIE MAE 8547 HOWELL DRIVE JACKSONVILLE, FL 32208</b>	
7. Name and Address of New Registered Agent Name <b>NA</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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: *Earlie Mae Mack* DATE: 4/11/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MACK, EARLIE M 8547 HOWELL DR JACKSONVILLE, FL 32208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>LM YORKER, JOHN 4724 MARLBORO CIRCLE JACKSONVILLE, FL 32206</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AO YORKER, BETTY 8547 HOWELL DR JACKSONVILLE, FL 32208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>LM RICHARDSON, MARTHA 2151 HARTRIDGE ST JACKSONVILLE, FL 32209</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Earlie Mae Mack* DATE: 4/11/06 DAYTIME PHONE: 904 765 7837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR