2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT #735904

1. Entity Name

PENTECOSTAL DELIVERENCE HOUSE OF PRAYER FOR ALL GOD'S PEOPLE INC.



Principal Place of Business 409 CHEROKEE STREET JACKSONVILLE, FL 32254

Mailing Address 409 CHEROKEE STREET JACKSONVILLE, FL 32254

2. Principal Place of Business 409 Chemkee St. 409 Chenkle St.				T TO ANY HOUSE NAME ON THE TOTAL COURT OF STANDOUR COURT STAIL AND COURT OF A LOCAL COURT.				
Suite, Apt.			04112006 Chg-	NP CR2E037 ((11/05)			
City & State City & State City & State			F/·	4. FEI Number Applied For 20-1317033 Not Applicable				
210 2254 Sountry AL 32254 3			DUVAL	5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
MACK, EARLIE MAE			Name	Name VA				
8547 HOWELL DRIVE			Street Address (Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE, FL 32208								
			City	City ► Zip Code				
		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.								
SIGNATUREX Cashio Mae Mack 4/11/06								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$61.25 9. Election Campaign Fir			ign Financing	ncing \$5.00 May Be Make check payable to				
	Due by May 1, 2006	Trust Fund Cont	ribution.	Added to Fees	Florida Departme			
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	CTORS IN	10	
TITLE	P	☐ Delete	TITLE		Ĺ] Change	☐ Addition	
NAME STREET ADDRESS	MACK, EARLIE M 8547 HOWELL DR		NAME STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP					
TITLE	LM	☐ Delete	TITLE			Change	Addition	
NAME	YORKER, JOHN		NAME			_	_	
STREET ADDRESS	4724 MARLBORO CIRCLE		STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP			.		
TITLE NAME	AO YORKER, BETTY	☐ Delete	TITLE NAME		L] Change	☐ Addition	
STREET ADDRESS	8547 HOWELL DR		STREET ADDRESS				[
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CHTY-ST-ZIP					
TITLE	LM	Defete	TITLE			Change	Addition	
NAME	RICHARDSON, MARTHA	·	NAME					
STREET ADDRESS	2151 HARTRIDGE ST		STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP		<u>r-</u>	7.05	P ^m l s and	
TITLE NAME		☐ Delete	TITLE NAME		_] Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	· — —] Change	Addition	
NAME		Į	NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-ZIP				-	
	and the that the information are well and with the first	door not grant for the		Lin Chapter 110 Finds	Chabitan final an access :	that the left	ormatic =	
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								

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: Lastie Mal mark isgnature and typed or printed name of signing officer or director

4/1/06/947657837 Date Dayline Phone #