

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90080 012 ****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
US

Mailing Address

409 CHEROKEE STREET
JACKSONVILLE FL 32254
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

8547 HOWELL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JAX, FL

Zip

Country

32208

Country

FLORIDA

4. FEI Number

20-1317033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACK, EARLIE MAE
8547 HOWELL DRIVE
JACKSONVILLE FL 32208**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when certifying)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 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: P ☐ Delete
NAME: MACK, EARLIE M
STREET ADDRESS: 8547 HOWELL DR
CITY-STATE-ZIP: JACKSONVILLE FL 32208

TITLE: LM ☐ Delete
NAME: YORKER, JOHN
STREET ADDRESS: 4724 MARLBORO CIRCLE
CITY-STATE-ZIP: JACKSONVILLE FL 32206

TITLE: AO ☐ Delete
NAME: YORKER, BETTY
STREET ADDRESS: 8547 HOWELL DR
CITY-STATE-ZIP: JACKSONVILLE FL 32208

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 E A R L I E M. M A C K 4/29/07 9047657837