

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

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 738042

1. Entity Name

MIRACLE DELIVERANCE HOUSE OF PRAYER, INC.



Principal Place of Business

Mailing Address

PO BOX 945
P.O. BOX 945
TAVARES FL 32778
US

PO BOX 945
P.O. BOX 945
TAVARES FL 32778
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3187849

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

CLARK, JOHN JR
723 ALFRED ST
TAVARES FL 32778

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 reinstating)

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 CLARK, JOHN JR
STREET ADDRESS 733 W ALFRED STREET
CITY-ST-ZIP TAVARES FL 32778

TITLE VP ☐ Delete
NAME DUDLEY, LYNN
STREET ADDRESS 206 BUTLER ST
CITY-ST-ZIP LEESBURG FL 34748

TITLE S ☐ Delete
NAME CLARK, CHERYL
STREET ADDRESS PO BOX 945/NA
CITY-ST-ZIP TAVARES FL 32778

TITLE T ☐ Delete
NAME GIBSON, MASERINE
STREET ADDRESS P.O. BOX 51
CITY-ST-ZIP OAKLAND FL 34760

TITLE T ☐ Delete
NAME LITTLE, ANITA
STREET ADDRESS 2408 STUERLANDER DR
CITY-ST-ZIP LEESBURG FL 34748

TITLE T ☐ Delete
NAME CLARK, TOIRETT
STREET ADDRESS PO BOX 945
CITY-ST-ZIP TAVARES FL 32778

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 000000632064
STREET ADDRESS 04/13/07-80036-008 61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: *John H. Clark Jr. President* 4-2-7 3523430456