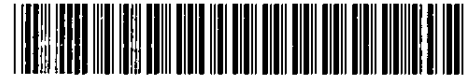


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 738042 1. Entity Name MIRACLE DELIVERANCE HOUSE OF PRAYER, INC.	
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Principal Place of Business PO BOX 945 P.O. BOX 945 TAVARES FL 32778 US	Mailing Address PO BOX 945 P.O. BOX 945 TAVARES FL 32778 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3187849	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLARK, JOHN JR 723 ALFRED ST TAVARES FL 32778

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 _____ Signature type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required with this filing.)	DATE _____
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**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P CLARK, JOHN JR 733 W ALFRED STREET TAVARES FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VP DUDLEY, LYNN 206 BUTLER ST LEESBURG FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S CLARK, CHERYL PO BOX 945/NA TAVARES FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
T GIBEON, MASERINE P.O. BOX 51 OAKLAND FL 34760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
T LITTLE, ANITA 2408 STUERLANDER DR LEESBURG FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
T CLARK, TOIRETT PO BOX 945 TAVARES FL 32778	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
000000861240 04/03/08-80001-003 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Clark Sr** **3-10-08 3523430456**