

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738042

FILED
Mar 05, 2009
Secretary of State

Entity Name: MIRACLE DELIVERANCE HOUSE OF PRAYER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

723 WEST ALFRED ST
723 WEST ALFRED ST
TAVARES, FL 32778 US

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 945
TAVARES, FL 32778

FEI Number: 59-3187849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, JOHN JR
723 ALFRED ST
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARK, JOHN JR,
Address: 733 W ALFRED STREET
City-St-Zip: TAVARES, FL 32778

Title: VP () Delete
Name: DUDLEY, LYNN
Address: 206 BUTLER ST
City-St-Zip: LEESBURG, FL 34748

Title: S () Delete
Name: CLARK, CHERYL,
Address: PO BOX 945/NA
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: GIBEON, MASERINE
Address: P.O. BOX 51
City-St-Zip: OAKLAND, FL 34760

Title: T () Delete
Name: LITTLE, ANITA
Address: 2408 STUERLANDER DR
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: CLARK, TOIRETT
Address: PO BOX 945
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CLARK

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date