FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750052 (3)

1. Corporation Name

DELIVERANCE PRAYER HOUSE, INC.

Principal Place of Business	Mailing Address
GRAHAM, ANNIE, P. 857 BON AIR ST. TITUSVILLE FL 32780 US	GRAHAM, ANNIE, P. 857 BON AIR ST. TITUSVILLE FL 32780 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1979
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-1936661 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Annie P Graham	26
Suite, Apt. #, etc. 22 857 Bon Air St	Suite, Apt. #, etc. 27
City & State 23 Titusville Fla	City & State 28
Zip / Country 24 32780 / 25 Brevard County	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

RILEY, CATHERINE A.
23235 WASHINGTON AVE.
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: Riley Catherine A
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2323 Washington Ave
84 City: Titusville Fla 32780 FL 85 Zip Code: 32780

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Catherine Riley A — CATHERINE RILEY A — 3-12-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P- Blake, Carlton ☐ Change ☐ Addition
NAME	BLAKE, CARLTON	1.2 NAME	
STREET ADDRESS	2840 WARREN ST.	1.3 STREET ADDRESS	2440 Warren St
CITY-ST-ZIP	MIMS FL	1.4 CITY-ST-ZIP	Mims Fla
TITLE	PM	2.1 TITLE	PM ☐ Change ☐ Addition
NAME	FISHER, BLENCH	2.2 NAME	Fisher Blench
STREET ADDRESS	844 GIBSON STREET	2.3 STREET ADDRESS	844 Gibson St
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	Titusville Fla 32780
TITLE	D	3.1 TITLE	D Eone Foster ☐ Change ☐ Addition
NAME	EONE, FOSTER	3.2 NAME	
STREET ADDRESS	1350 S DELEON #A7	3.3 STREET ADDRESS	1350 S DeLeon Apt A7
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	Titusville Fla 32780
TITLE	S	4.1 TITLE	S Annie Graham ☐ Change ☐ Addition
NAME	GRAHAM, ANNIE	4.2 NAME	
STREET ADDRESS	857 BON AIR ST.	4.3 STREET ADDRESS	857 Bon Air St
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	Titusville Fla 32780
TITLE	T	5.1 TITLE	T Foster Josephine ☐ Change ☐ Addition
NAME	FOSTER, JOSEPHINE	5.2 NAME	
STREET ADDRESS	1350 S. DELEON #A7	5.3 STREET ADDRESS	1350 S DeLeon A7
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	Titusville Fla 32780
TITLE	DS	6.1 TITLE	DS Foster Josephine ☐ Change ☐ Addition
NAME	FOSTER, JOSEPHINE	6.2 NAME	
STREET ADDRESS	1350 S DELEON	6.3 STREET ADDRESS	1350 S DeLeon
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP	Titusville Fla 32780

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carlton Blake — 3.27.95 — 407.383-8878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032842