

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **750052** (3)

1. Corporation Name

DELIVERANCE PRAYER HOUSE, INC.



Principal Place of Business

Mailing Address

ANNIE P GRAHAM
857 BON AIR ST.
TITUSVILLE FL 32780
US

GRAHAM, ANNIE, P.
857 BON AIR ST.
TITUSVILLE FL 32780
US

3. Date Incorporated or Qualified
12/05/1979

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 *Annie Graham*

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 *857 Bon Air St*

27 Suite, Apt. #, etc.

23 *Titusville Fla*

28 City & State

24 *32780*

25 *Florida*

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RILEY, CATHERINE A.
2323 WASHINGTON AVE.
TITUSVILLE FL 32780

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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** ☐ DELETE

NAME **BLAKE, CARLTON**
STREET ADDRESS **2440 WARREN ST**
CITY-ST-ZIP **MIMS FL**

1.1 TITLE **P** ☐ Change ☐ Addition

1.2 NAME *Blake, Carlton*
1.3 STREET ADDRESS *4811 Design Road*
1.4 CITY-ST-ZIP *Titusville Fla 32780*

TITLE **PM** ☐ DELETE

NAME **FISHER, BLENCH**
STREET ADDRESS **844 GIBSON STREET**
CITY-ST-ZIP **TITUSVILLE FL**

2.1 TITLE **PM** ☐ Change ☐ Addition

2.2 NAME *Marjorie Blake*
2.3 STREET ADDRESS *4811 Design Road*
2.4 CITY-ST-ZIP *Titusville Fla 32780*

TITLE **D** ☐ DELETE

NAME **EONE, FOSTER**
STREET ADDRESS **1350 S DELEON #A7**
CITY-ST-ZIP **TITUSVILLE FL**

3.1 TITLE **D** ☐ Change ☐ Addition

3.2 NAME *Eone Foster*
3.3 STREET ADDRESS *Wiley Ave 32754*
3.4 CITY-ST-ZIP *Mims Fla 2615*

TITLE **S** ☐ DELETE

NAME **GRAHAM, ANNIE**
STREET ADDRESS **857 BON AIR ST.**
CITY-ST-ZIP **TITUSVILLE FL**

4.1 TITLE **S** ☐ Change ☐ Addition

4.2 NAME *Annie Graham*
4.3 STREET ADDRESS *857 Bon Air St*
4.4 CITY-ST-ZIP *Titusville Fla 32780*

TITLE **T** ☐ DELETE

NAME **FOSTER, JOSEPHINE**
STREET ADDRESS **1350 S. DELEON #A7**
CITY-ST-ZIP **TITUSVILLE FL**

5.1 TITLE **T** ☐ Change ☐ Addition

5.2 NAME *Foster, Josephine*
5.3 STREET ADDRESS *Wiley Ave 32754*
5.4 CITY-ST-ZIP *Mims Fla 2615*

TITLE **DS** ☐ DELETE

NAME **FOSTER, JOSEPHINE**
STREET ADDRESS **1350 S DELEON**
CITY-ST-ZIP **TITUSVILLE FL**

6.1 TITLE **DS** ☐ Change ☐ Addition

6.2 NAME *Foster, Josephine*
6.3 STREET ADDRESS *Wiley Ave*
6.4 CITY-ST-ZIP *Mims Fla 2615*

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)(k), 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: *Annie P. Graham - Secy - 3-24-96*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2642368

CR2E037 (12/95)