

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

DOCUMENT # 763204

1. Entity Name

**GOOD SHEPHERD DELIVERANCE HOUSE OF PRAYER N.
D. CENTER, INCORPORATED**



04-04-2006 90049 001 ****61.25

04-04-2006 90049 002 *****8.75

Principal Place of Business

**675 PALMETTO ST
TITUSVILLE FL 32796
US**

Mailing Address

**2120 MONTICELLO COURT
TITUSVILLE FL 32780-4608**

660000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

05-0077400

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

**SMITH, HENRY E
417 SHELDON STREET
NEW SMYRNA BEACH FL 32168**

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, 2006

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GRAYSON, ELLEN	
STREET ADDRESS	2120 MONTICELLO COURT	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, HENRY	
STREET ADDRESS	417 SHELDON ST	
CITY-ST-ZIP	NEWSMPRNA BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRAYSON, ALBERT, JR	
STREET ADDRESS	2120 MONTICELLO COURT	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRITT, AGNES	
STREET ADDRESS	519 WAGER STREET	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert Grayson	
STREET ADDRESS	535 Brentwood Dr.	
CITY-ST-ZIP	Daytona Bch Fla 32117	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edna V. Grayson	
STREET ADDRESS	1073 Craig St	
CITY-ST-ZIP	Titusville Fla 32780	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Queen Stephens	
STREET ADDRESS	1065 Country Club Blvd	
CITY-ST-ZIP	Titusville Fla 32780	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francina Haynes	
STREET ADDRESS	1035 Wedgewood Ln	
CITY-ST-ZIP	Titusville Fla 32780	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bobby D. Reid	
STREET ADDRESS	1065 Country Club Blvd	
CITY-ST-ZIP	Titusville Fla 32780	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Dotts	
STREET ADDRESS	1060 Pine Valley Ln	
CITY-ST-ZIP	Titusville Fla 32780	

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: *Albert Grayson* Albert Grayson 3-28-06 321 266-5585