## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 21, 2008 8:00 am Secretary of State

	ANNUAL	Se	Secretary of State				
DOCUMENT # 763204  1. Entity Name GOOD SHEPHERD DELIVERANCE HOUSE OF PRAYER N. D. CENTER, INCORPORATED				_		0026 012 ****	
Principal Place 675 PALME TITUSVILLE,		Mailing Address C/O ALBERT GRAYSO 535 BRENTWOOD D DAYTONA BEACH, FI	RIVE	4011		, 	17(1 <b>8) 3</b> 7 <b>488</b> 1
Principal Place of Business - No P.O. Box #     3.		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07152008 Ch	ıg-NP (	  CR2E037 (12/06)	
City & State		City & State		4. FEI Number 05-007740	0	<del>     </del>	pplied For ot Applicable
Zip	Zíp Country		ip Country		atus Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Regi	stered Agant	
GRAYSON, ALBERT 535 BRENTWOOD DRIVE			Name 6-4	OY 50 N is (P.O. Box Number is N	Alber	+	
DAYTON BEACH, FL 32117				Nildwood			
			CityDay	tona Bok		FL Zip Cod	///
8. The above the obliga	a named entity submits this statement for tions of registered agent.	r the purpose of changing	its registered office or regis	stered agent, or both, in t	he State of Florid	a. I am familiar with,	and accept
SIGNATURE	Albert Saray Signature, typed or printed name of registered agent	pon.	OTE Beautiful Assessment			7-18-0	8_
. "		яно вно и аррисаме. — ДМ	OTE: Registered Agent signature requ	ired when reinstating)		DATE	
Filing Fee Is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		check payable to Department of St	
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS (CLIANICE	C TO OFFICERS	AND DIDECTORD IN	140
TITLE NAME	PD GRAYSON, ALBERT	□ Delete	TITLE	ADDITIONS/CHANGE	S TO OFFICERS	Change	Addition
STREET ADORESS CITY-ST-ZIP	535 BRENTWOOD DR DAYTONA BEACH, FL 32117		NAME STREET ADDRESS CITY-ST-ZIP		; ;		
	VD				:	<del></del>	
NAME	GRAYSON, EDNA V	☐ Delete	TITLE NAME		ı	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1073 CRAIG ST TITUSVILLE, FL 32780		SIREET ADDRESS CITY-SI-ZIP		1		
TITLE NAME	T REID, QUEEN E	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	1065 COUNTRY CLUB BLVD. TITUSVILLE, FL 32780		STREET ADDRESS  CITY-ST-ZIP		<sub>T</sub>	<del></del> - <del></del>	<del></del>
TITLE NAME	SD HAYNES, FRANCINA	☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	1035 WEDGE WOOD LN TITUSVILLE, FL 32780		STREET ADDRESS CITY-ST-ZIP				
TITLE	С	☐ Delete	TITLE		!	☐ Change	Addition
NAME STREET ADDRESS	REID, BOBBY D		NAME		i		
	1065 COUNTRY CLUB BLVD		STREET ADDRESS				
CITY-ST-ZIP	1065 COUNTRY CLUB BLVD TITUSVILLE, FL 32780		STREET ADDRESS CITY-ST-ZIP				

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

535 BRENTWOOD DRIVE

DAYTONA BEACH, FL 32117

SIGNATURE: Albert Brayen Albert Grayson 7-18-08 321 266-5585

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayline Phone #