

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763204

FILED
Apr 07, 2010
Secretary of State

Entity Name: GOOD SHEPHERD DELIVERANCE HOUSE OF PRAYER N. D. CENTER, INCORPORATED

Current Principal Place of Business:

675 PALMETTO ST
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

C/O ALBERT GRAYSON
845 WILDWOOD ST
DAYTONA BEACH, FL 32117 US

New Mailing Address:

FEI Number: 05-0077400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAYSON, ALBERT
845 WILDWOOD ST
DAYTONA BEACH, FL 32117 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: PD
Name: GRAYSON, ALBERT
Address: 845 WILDWOOD ST
City-St-Zip: DAYTONA BEACH, FL 32117

Title: VD
Name: GRAYSON, EDNA V
Address: 1073 CRAIG ST
City-St-Zip: TITUSVILLE, FL 32780

Title: T
Name: REID, QUEEN E
Address: 1065 COUNTRY CLUB BLVD.
City-St-Zip: TITUSVILLE, FL 32780

Title: SD
Name: HAYNES, FRANCINA
Address: 1035 WEDGE WOOD LN
City-St-Zip: TITUSVILLE, FL 32780

Title: C
Name: REID, BOBBY D
Address: 1065 COUNTRY CLUB BLVD
City-St-Zip: TITUSVILLE, FL 32780

Title: D
Name: JACKSON GRAYSON, ESSIE
Address: 845 WILDWOOD ST
City-St-Zip: DAYTONA BEACH, FL 32117

I hereby 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 all other like empowered.

SIGNATURE: ALBERT GRAYSON

PRES

04/07/2010

Electronic Signature of Signing Officer or Director

Date