

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006959

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** PRAYER, PRAISES, & WORSHIP, & DELIVERANCE CENTER, INC.

**Current Principal Place of Business:**

923-25TH ST  
BRADENTON, FL 34208

**New Principal Place of Business:**

923 - 25TH ST EAST  
BRADENTON, FL 34208

**Current Mailing Address:**

923 25TH STREET, EAST  
BRADENTON, FL 34208

**New Mailing Address:**

923 - 25TH ST EAST  
BRADENTON, FL 34208

**FEI Number:** 65-1055363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHOFIELD, P. ALLEN  
1429 16TH AVENUE, WEST  
SUITE 300  
BRADENTON, FL 34207 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 ( ) Delete  
Name: HINES, JAUNITA  
Address: 923 25TH STREET, EAST  
City-St-Zip: BRADENTON, FL 34208

Title: SD ( ) Delete  
Name: HARVEY, DEBRA  
Address: 1196 44TH STREET  
City-St-Zip: SARASOTA, FL 34234

Title: TD ( ) Delete  
Name: MARTIN, TERESSA V  
Address: 1517-19TH ST CT E  
City-St-Zip: BRADENTON, FL 34208

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUANITA HINES

PD

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date