2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007858

FILED May 01, 2007 Secretary of State

Entity Name: HOUSE OF PRAYER & PRAISE DELIVERANCE CENTER INC.

Current Principal Place of Business:		New Principal Place of Business:	
	ER STAR ROAD		
#112 DRLANDO	, FL 32818		
Current Mailing Address:		New Mailing Address:	
3519 WHITE RD. DRLANDO, FL 32818			
FEI Number: 31-1740460 FEI Number Applied For() FEI Number Not Applicable() Certificate of Status Desired()n accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
3519 WÁIT	. HORACE E RD. , FL 32818 US		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.			
SIGNATUR	RE:		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	D () Delete FITZ, JULIAN H 109 BRANSON AVE ORLANDO, FL 32805	Title: Name: Address: City-St-Zip:	D (X) Change () Addition JULIAN, FITZ H 109 BRANSON AVE ORLANDO, FL 32805
Fitle: Name: Address: City-St-Zip:	D () Delete RIPTON, MORRIS P 36642 HONEY TREE CT EUSTIS, FL 32736	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MORRIS, RIPTON P 36642 HONEY TREE CT EUSTIS, FL 32736
Fitle: Name: Address: City-St-Zip:	D () Delete WATERS, DANA A 6854 POMEROY CIR ORLANDO, FL 32810	Title: Name: Address: City-St-Zip:	()Change()Addition
Fitle: Name: Address: City-St-Zip:	D () Delete FELICIANO, JAMES 14109 PIPE VINE CT WINTER GAREN, FL 34787	Title: Name: Address: City-St-Zip:	D (X) Change () Addition FELICIANO, JAMES 14109 PIPE VINE CT WINTER GARDEN, FL 34787
Fitle: Name: Address: City-St-Zip:	D () Delete MORRIS, HOWARD L 2187 PALMETTO RD MT. DORA, FL 32757	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HARRIS, JOHNNIE B 2530 FLETCH CT LAKE MARY, FL 32746
Fitle: Name: Address: Dity-St-Zip:	D () Delete IRVING, MAVIS 1886 MATTERHORN DR ORLANDO, FL 32818	Title: Name: Address: City-St-Zip:	()Change ()Addition

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: C. HORACE KITSON REV. 05/01/2007