

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2009  
Secretary of State**

DOCUMENT# N00000008328

Entity Name: HOUSE OF DELIVERANCE, INC.

**Current Principal Place of Business:**

155 IVEY AVE  
GROVELAND, FL 34736

**New Principal Place of Business:**

**Current Mailing Address:**

155 IVEY AVE  
GROVELAND, FL 34736

**New Mailing Address:**

5747 BIBLE CAMP RD  
GROVELAND, FL 34736

FEI Number: 59-3690783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JORDAN, EDWARD P II  
13543 E HWY 50  
CLERMONT, FL 34711 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: D ( ) Delete  
Name: AUTHUR, SAMUEL  
Address: 5747 BIBLE CAMP RD  
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete  
Name: ARTHUR, SANDRA D  
Address: 5747 BIBLE CAMP RD  
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete  
Name: SHERROD, CAROLYN  
Address: 1459 BOWMAN ST  
City-St-Zip: CLERMONT, FL 34711

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

Title: D (X) Change ( ) Addition  
Name: ARTHUR, SAMUEL D  
Address: 5747 BIBLE CAMP RD  
City-St-Zip: GROVELAND, FL 34736

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

Title: D (X) Change ( ) Addition  
Name: SHERROD, CAROLYN D  
Address: 1459 BOWMAN ST  
City-St-Zip: CLERMONT, FL 34711

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: SANDRA ARTHUR

D

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date