


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90049 041 ****70.00

DOCUMENT # N01000002500					
1. Entity Name WORD OF POWER DELIVERANCE CENTER, INC.					
Principal Place of Business 7275 ZAPATA DR JACKSONVILLE, FL 32210-4772			Mailing Address 7275 ZAPATA DR JACKSONVILLE, FL 32210-4772		
2. Principal Place of Business - No P.O. Box # 6656 LESLIE OAKS LANE		3. Mailing Address 6656 LESLIE OAKS LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 01-0615115	
Zip 32222		Country DUVAL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, SHANNON 7323 MELVIN CIR N JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name: WILSON, SHANNON Street Address (P.O. Box Number is Not Acceptable): 20651 WORMACK Rd. City: DADE CITY FL Zip Code: 33523		
8. 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. I am familiar with, and accept the obligation of registered agent. SIGNATURE: <u>Shannon Wilson Shannon Wilson</u> DATE: <u>4/18/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, LESSIE E DR <input type="checkbox"/> Delete 7275 ZAPATA DR JACKSONVILLE, FL 322104772			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, LESSIE E. DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6656 LESLIE OAKS LANE JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, ALBERT E <input type="checkbox"/> Delete 9423 JAY HAWK LANE JACKSONVILLE, FL 32221			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, VALERIE D <input type="checkbox"/> Delete 9423 JAY HAWK LANE JACKSONVILLE, FL 32221			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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.					
SIGNATURE: <u>Lessie E. Alexander</u> <u>Lessie Alexander</u> <u>4/18/07</u> <u>904-302-1366</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					