

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002500

FILED
Jan 29, 2009
Secretary of State

Entity Name: WORD OF POWER DELIVERANCE CENTER, INC.

Current Principal Place of Business:

6656 LESLIE OAKS LANE
JACKSONVILLE, FL 32222

New Principal Place of Business:

9423 JAY HAWK LANE
JACKSONVILLE, FL 32221

Current Mailing Address:

6656 LESLIE OAKS LANE
JACKSONVILLE, FL 32222

New Mailing Address:

7777 NORMANDY BLVD.
APT. #1216
JACKSONVILLE, FL 32221

FEI Number: 01-0615115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, SHANNON
20651 WORMACK RD
DADE CITY, FL 33523 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: ALEXANDER, LESSIE E DR
Address: 6656 LESLIE OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32222

Title: D () Delete
Name: GAY, ALBERT E
Address: 9423 JAY HAWK LANE
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: GAY, VALERIE D
Address: 9423 JAY HAWK LANE
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALEXANDER, LESSIE E DR
Address: 7777 NORMANDY BLVD. APT. #1216
City-St-Zip: JACKSONVILLE, FL 32221

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: DR. LESSIE E. ALEXANDER

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date