


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # N01000008703	
1. Entity Name HOUSE OF DELIVERANCE OUT REACH MINISTRIES INC	

Principal Place of Business 2510 CARR ST PALATKA, FL 32177	Mailing Address 2510 CARR ST PALATKA, FL 32177
---	---

DO NOT WRITE IN THIS SPACE

02282008 No Chg-NP		CR2E037 (4/06)
4. FEI Number 59-3758620	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent BAKER, JULIUS L 616 DUNLIN LN. KISSIMMEE, FL 34759
--

DO NOT WRITE IN THIS SPACE

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 obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000851738 03/25/08-80052-017 61.25
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAKER, JULIUS L 616 DUNLIN LN. KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAKER, GEWEL A 616 DUNLIN LN. KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POWEL, PATRICIA 2002 DUNWOODY ST. ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Julius L Baker **3-4-08** **386-972-1851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #