

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000371

FILED
May 03, 2004
Secretary of State**Entity Name:** THE HOUSE OF PRAYER AND DELIVERANCE OUTREACH MINISTRIES, INC.**Current Principal Place of Business:**1036 E. HARRISON STREET
OVIEDO, FL 32762**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 620502
OVIEDO, FL 32762**New Mailing Address:****FEI Number:** 01-0578450**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HANDY, GREGORY M SR.
1036 E. HARRISON STREET
OVIEDO, FL 32762**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: PD () Delete
Name: HANDY, GREGORY M SR.
Address: 1036 E. HARRISON STREET
City-St-Zip: OVIEDO, FL 32762

Title: STD () Delete
Name: HANDY, CYNTHIA E
Address: 1036 E. HARRISON STREET
City-St-Zip: OVIEDO, FL 32762

Title: D () Delete
Name: HERRING, ANTHONY
Address: 1036 E. HARRISON STREET
City-St-Zip: OVIEDO, FL 32762

Title: D () Delete
Name: MORGAN, MARSHALLA
Address: 270 PINEVIEW DRIVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HANDY, GREGORY M SR.
Address: 1036 E. HARRISON STREET
City-St-Zip: OVIEDO, FL 32762 US

Title: STD (X) Change () Addition
Name: HANDY, CYNTHIA E
Address: 1036 E. HARRISON STREET
City-St-Zip: OVIEDO, FL 32762 US

Title: D (X) Change () Addition
Name: MCCANN, MAMMIE
Address: 821 SNOW HILL RD.
City-St-Zip: GENEVA, FL 32732 US

Title: D (X) Change () Addition
Name: EATON, LATRICIA
Address: 128 DREW AVE
City-St-Zip: SANFORD, FL 32771 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CYNTHIA E. HANDY

STD

05/03/2004

Electronic Signature of Signing Officer or Director

Date