2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# N02000000371

Entity Name: THE HOUSE OF PRAYER AND DELIVERANCE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

300 WEST MITCHELL-HAMMOCK ROAD, SUITE #7
OVIEDO, FL 32765

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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HANDY, CYNTHIA E
300 WEST MITCHELL-HAMMOCK ROAD, SUITE #7
OVIEDO, FL 32765 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: HANDY, GREGORY M SR.
Address: 1036 E. HARRISON STREET
City-St-Zip: OVIEDO, FL 32762 US

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

Title: D ( ) Delete
Name: JORDAN, JACQUELINE DR.
Address: 125 E. PANAMA ROAD
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D ( ) Delete
Name: WHITE, LARRY
Address: 255 WOODRIDGE DRIVE
City-St-Zip: GENEVA, FL 32732 US

Title: D ( ) Delete
Name: GIBSON, PHILIP A
Address: 411 AUGUSTINE COURT
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: EATON, LATRICIA
Address: 128 DREW AVENUE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HANDY, GREGORY M SR.
Address: 1036 E. HARRISON STREET
City-St-Zip: OVIEDO, FL 32765 US

Title: D (X) Change ( ) Addition
Name: HANDY, CYNTHIA E
Address: 1036 E. HARRISON STREET
City-St-Zip: OVIEDO, FL 32765 US

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

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

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: CYNTHIA HANDY D 08/31/2009

Electronic Signature of Signing Officer or Director — Date