2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# N02000000371

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:	( ) 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 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: GREGORY M. HANDY PD 05/01/2003

Electronic Signature of Signing Officer or Director — Date