

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001370

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** POWER HOUSE OF DELIVERANCE MINISTRY INC.

**Current Principal Place of Business:**

800 SOUTH ORANGE STREET  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

800 SOUTH ORANGE STREET  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 03-0413184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KELLY, SHANITA  
800 SOUTH ORANGE STREET  
ST. AUGUSTINE, FL 32084 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: ELMORE, KATHY W  
Address: 800 SOUTH ORANGE STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: SD ( ) Delete  
Name: BROOKS, WINDIE  
Address: 315 ALABAMA AVE.  
City-St-Zip: PALATKA, FL 32177

Title: SD ( ) Delete  
Name: KELLY, SHANITA  
Address: 800 SOUTH ORANGE STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: TD ( ) Delete  
Name: PRESTON, KAREN W  
Address: 73 PEARL STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: ELMORE, KATHY W  
Address: 800 SOUTH ORANGE STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: V/D (X) Change ( ) Addition  
Name: BROWN, EARNESTINE  
Address: 9 NEWCOMB STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

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: KATHY W. ELMORE

P/D

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date