

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001370

FILED
Apr 28, 2008
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:

KELLY, SHANITA
24 REYBURY LANE
PALM COAST, FL 32164 US

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: _____

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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: 24 REYBURY LANE
City-St-Zip: PALM COAST, FL 32164 US

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

Title: SD (X) Change () Addition
Name: KELLY, SHANITA
Address: 24 REYBURY LANE
City-St-Zip: PALM COAST, FL 32164 US

Title: TD (X) Change () Addition
Name: PRESTON, KAREN W
Address: 18 - B BUTTONBUSH LANE
City-St-Zip: PALM COAST, FL 32137 US

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

04/28/2008

Electronic Signature of Signing Officer or Director

Date