2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2012
Secretary of State

DOCUMENT# N02000001370

Entity Name: POWER HOUSE OF DELIVERANCE MINISTRY INC.

Current Principal Place of Business:

160 CYPRESS POINT PARKWAY UNIT C 216
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351808
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 03-0413184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, SHANITA
61 RIVIERE LANE
PALM COAST, FL 32164 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: P/D
Name: ELMORE, KATHY W
Address: 61 RIVIERE LANE
City-St-Zip: PALM COAST, FL 32164 US

Title: T/D
Name: KOREDE, ALESHIA N
Address: 8 ROYAL LEAF LANE
City-St-Zip: PALM COAST, FL 32164 US

Title: S/D
Name: KELLY, SHANITA
Address: 61 RIVIERE LANE
City-St-Zip: PALM COAST, FL 32164 US

Title: T/D
Name: PRESTON, KAREN W
Address: 36 PLATEAU LANE
City-St-Zip: PALM COAST, FL 32164 US

I hereby 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 all other like empowered.

SIGNATURE: KATHY W. ELMORE P/D 02/20/2012

Electronic Signature of Signing Officer or Director Date