

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90156 024 ****61.25

DOCUMENT # N02000005118



1. Entity Name
**THE HOUSE OF PRAYER, FAITH AND DELIVERANCE
OUTREACH MINISTRIES, INC.**

Principal Place of Business
**120 W. PARK ST.
LAKELAND, FL 33803**

Mailing Address
**120 W. PARK ST.
LAKELAND, FL 33803**

2. Principal Place of Business
122 W. Main St.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lakeland
Zip
33803

City & State
Zip
Country

04222006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURRAY, SHERRIL
120 W. PARK ST.
LAKELAND, FL 33803**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP MURRAY, KENNETH L 120 W. PARK ST. LAKELAND, FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURRAY, SHERRIL R 120 W. PARK ST. LAKELAND, FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURRAY, SHERRIL 120 W. PARK ST. LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAYS, MARY ANN 303 HARTHORNE HILLS PLACE APT 203 ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, JOHN 120 W PARK ST LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y PETERSON, EXSAVIO 120 W PARK ST LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Transf. Murray, Kendra 120 W. Park St. Lakeland, FL 33803</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherril Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/06
Date

8633183463
Daytime Phone #