


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90030 038 ****70.00

DOCUMENT # N02000005118 1. Entity Name THE HOUSE OF PRAYER, FAITH AND DELIVERANCE OUTREACH MINISTRIES, INC.			
Principal Place of Business 122 W MAIN ST LAKELAND, FL 33803		Mailing Address 120 W. PARK ST. LAKELAND, FL 33803	
2. Principal Place of Business - No P.O. Box # 3545 Recker Hwy <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3545 Recker Hwy <small>Suite, Apt. #, etc.</small>	
City & State Winter Haven, FL <small>Zip Country</small> 33880		City & State Winter Haven, FL <small>Zip Country</small> 33880	
4. FEI Number 33-1162224		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05122008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent MURRAY, KENNETH L 120 W. PARK ST. LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name Murray, Kenneth L Street Address (P.O. Box Number is Not Acceptable) 153 Vista View Ave City Eagle Lake FL Zip Code 33839	
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 <u><i>Bishop Kenneth Murray</i></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, JHANIES M 120 W. PARK ST. LAKELAND, FL 33803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kendra Murray Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 153 Vista View Ave Eagle Lake, FL 33839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDON, LUCILLE 321 W. MAIN STREET LAKELAND, FL 33803 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <u>Kenneth Murray, CEO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/12/08 863-934-6213 <small>Date Daytime Phone #</small>	