## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008663

FILED May 05, 2004 Secretary of State

Entity Name: NEW CHURCH OF FREEWILL DELIVERANCE PRAISE HOLINESS OUTREACH MINISTRIES

**HEADQUARTER INC** 

Current Principal Place of Business: New Principal Place of Business:

7006 STAPOINT CT., STE A 208 S PARRAMORE AVE WINTERPARK, FL 32792 ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

7006 STAPOINT CT., STE A 35 LINCOLN BLVD SUITE A ORLANDO, FL 32810 WINTERPARK, FL 32792

FEI Number: 43-1981095 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

STUBBS, ANNETTE M VICE PR 7006 STAPOINT CT SUITE A WINTERPARK, FL 32792 STUBBS, ANNETTE M VICE PR 208 S PARRAMORE AVE ORLANDO, FL 32805

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: ANNETTE M.STUBBS 05/05/2004

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

6561 CHANTRY ST

ORLANDO, FL 32811

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition STUBBS, CAL H BISHOP Name: Name: 7006 STAPOINT SUITE A Address: Address: City-St-Zip: WINTERPARK, FL 32792 City-St-Zip: Title: Title: ( ) Delete () Change () Addition STUBBS, ANNETTE M PASTOR Name: Name: Address: 7006 STAPOINT SUITE A Address: City-St-Zip: WINTERPARK, FL 32792 City-St-Zip: Title: () Delete Title: () Change () Addition STUBBS, SHANTAE L SECRETA Name: Name: 2310 CARLTON RD Address: Address: City-St-Zip: MATILAND, FL 32751 City-St-Zip: Title: CEOD ( ) Delete Title: () Change () Addition Name: FIELDS, ZELDA L CEO/TRE Name: 7006 STAPOINT CT SUITE A Address: Address: City-St-Zip: WINTERPARK, FL 32792 City-St-Zip: Title: Title: () Delete () Change () Addition CLARKE, MILDRED ADVISO Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: ANNETTE M. STUBBS VP 05/05/2004