

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90048 018 ****70.00

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1. Entity Name

GOD'S PRAISE FAITH & DELIVERANCE MINISTRIES,
INC.



Principal Place of Business

1509 1ST AVE. EAST
PALMETTO FL 34221

Mailing Address

1509 1ST AVE. EAST
PALMETTO FL 34221

2. Principal Place of Business

1509 1st AVE. E.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto FL

City & State

Palmetto FL

4. FEI Number

57-1139608

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, PATRICIA
1505 1ST AVE EAST
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name Patricia Smith

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

Patricia Smith

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

(NOTE: Registered Agent signature required when reinstating)

1-26-05

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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 PD
NAME SMITH, HENRY ☐ Delete
STREET ADDRESS 1505 1ST AVE. EAST
CITY-ST-ZIP PALMETTO FL 34221

TITLE VD
NAME SMITH, PATRICIA ☐ Delete
STREET ADDRESS 1505 1ST AVE. EAST
CITY-ST-ZIP PALMETTO FL 34221

TITLE TD
NAME ROWE, CLEVELAND ☐ Delete
STREET ADDRESS 2609 6TH AVE EAST
CITY-ST-ZIP PALMETTO FL 34221

TITLE SD
NAME ROWE, LAURA ☐ Delete
STREET ADDRESS 2609 6TH AVE EAST
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Patricia Smith - Laura Rowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #