

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000271

FILED
Jan 08, 2009
Secretary of State

Entity Name: GOD'S PRAISE FAITH & DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

1509 1ST AVE. EAST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

1509 1ST AVE. EAST
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 57-1139608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PATRICIA
1505 1ST AVE EAST
PALMETTO, FL 34221 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: PD () Delete
Name: SMITH, HENRY
Address: 1505 1ST AVE. EAST
City-St-Zip: PALMETTO, FL 34221

Title: VD () Delete
Name: SMITH, PATRICIA
Address: 1505 1ST AVE. EAST
City-St-Zip: PALMETTO, FL 34221

Title: SD () Delete
Name: ROWE, LAURA
Address: 2609 6TH AVE EAST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: LAURA ROWE

SD

01/08/2009

Electronic Signature of Signing Officer or Director

Date