

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90023 005 \*\*\*\*61.25

**56417012**



MOORE CR2E037 (11/03)

<b>DOCUMENT # N03000000662</b> 1. Entity Name <b>FAITH POWERHOUSE OUTREACH DELIVERANCE MINISTRIES, INC.</b>																																			
Principal Place of Business <b>608 NORTH 9TH STREET PALATKA FL 32177</b>			Mailing Address <b>608 NORTH 9TH STREET PALATKA FL 32177</b>																																
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																
City & State			City & State																																
Zip		Country		4. FEI Number <b>14-1906841</b>																															
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																															
6. Name and Address of Current Registered Agent <b>WILLIAMS, ROBERT L SR 608 NORTH 9TH STREET PALATKA FL 32177</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																															
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																															
<b>Make Check Payable to Florida Department of State</b>																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <b>OP</b>  <b>WILLIAMS, ROBERT L SR</b>  <b>608 NORTH 9TH STREET</b>  <b>PALATKA FL 32177</b> </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE</td> <td> <b>DS</b>  <b>WILLIAMS, VERNESSA C</b>  <b>608 NORTH 9TH STREET</b>  <b>PALATKA FL 32177</b> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE</td> <td> <b>DT</b>  <b>WILLIAMS, RONALD A</b>  <b>520 S 15TH ST</b>  <b>PALATKA FL 32177</b> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>700 Forest Glenn Drive Apt. 44</b>  <b>Palatka, Florida 32177</b> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table> </div> </div>						TITLE	<b>OP</b> <b>WILLIAMS, ROBERT L SR</b> <b>608 NORTH 9TH STREET</b> <b>PALATKA FL 32177</b>	<input type="checkbox"/> Delete	TITLE	<b>DS</b> <b>WILLIAMS, VERNESSA C</b> <b>608 NORTH 9TH STREET</b> <b>PALATKA FL 32177</b>	<input type="checkbox"/> Delete	TITLE	<b>DT</b> <b>WILLIAMS, RONALD A</b> <b>520 S 15TH ST</b> <b>PALATKA FL 32177</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>700 Forest Glenn Drive Apt. 44</b> <b>Palatka, Florida 32177</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.																																			
<b>SIGNATURE: <u>Robert L Williams Sr.</u> 4/4/04 (386) 325-8434</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			