


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000004641					
1. Entity Name THE CATHEDRAL OF DELIVERANCE AT HIGHER PRAISE FAMILY WORSHIP CENTER, INC.					
Principal Place of Business 3400 RANDOLPH ST. MELBOURNE, FL 32901			Mailing Address P.O. BOX 2072 MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box # 475 S. JOHN RODES BLVD.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. #4		Suite, Apt. #, etc.			
City & State MELBOURNE, FL		City & State			
Zip 32935		Country US		4. FEI Number 05-0575715	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENE, RONALD D 430 NW AVOCADO RD. PALM BAY, FL 32907			7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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 P <input type="checkbox"/> Delete	NAME GREENE, RONALD D STREET ADDRESS 430 NW AVOCADO RD. CITY-ST-ZIP PALM BAY, FL 32907		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 400103918824 STREET ADDRESS 06/05/07--01050--001 CITY-ST-ZIP **113.75	
TITLE V <input type="checkbox"/> Delete	NAME GREENE, TANYA A STREET ADDRESS 430 NW AVOCADO RD. CITY-ST-ZIP PALM BAY, FL 32907		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S <input type="checkbox"/> Delete	NAME BROWN, EMANUEL STREET ADDRESS 2965 PARK VILLAGE WAY CITY-ST-ZIP MELBOURNE, FL 32935		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T <input type="checkbox"/> Delete	NAME WILLIAMS, CAMELIA STREET ADDRESS 4775 ELENA WAY CITY-ST-ZIP MELBOURNE, FL 32934		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete	NAME ROBERSON, DARREN STREET ADDRESS 697 BRYANT RD. SW CITY-ST-ZIP PALM BAY, FL 32908		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ROBERSON, DARIN STREET ADDRESS 697 BRYANT RD. SW CITY-ST-ZIP PALM BAY, FL 32908	
TITLE D <input type="checkbox"/> Delete	NAME WILLIAMS, FLOYD STREET ADDRESS 4775 ELENA WAY CITY-ST-ZIP MELBOURNE, FL 32934		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME APLIN D. GEOFFREY STREET ADDRESS 1814 MACKLIN ST. NW CITY-ST-ZIP PALM BAY, FL 32907	
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: Tanya A. Greene Tanya A. Greene 6/1/07 1321795 9815 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED
07 JUN -5 AM 11:29

CLERK OF STATE
TALLAHASSEE, FLORIDA



06042007 Chg-NP CR2E037 (12/06)

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06/05/07--01050--001 **113.75

ROBERSON, DARIN
697 BRYANT RD. SW
PALM BAY, FL 32908
APLIN D. GEOFFREY
1814 MACKLIN ST. NW
PALM BAY, FL 32907

JUN 11 2007