2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000005261

1. Entity Name
PRAISE, PRAYER, POWER DELIVERANCE MINISTRY INC

Principal Place of Business	Mailing Address
3039 SABAL PALM DRIVE JACKSONVILLE, FL 32277	3039 SABAL PALM DRIVE JACKSONVILLE, FL 32277

DO NOT WRITE IN THIS SPACE

04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
41-2100283

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KING, BRENDA A
3039 SABAL PALM DRIVE
JACKSONVILLE, FL 32277

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KING, BRENDA
STREET ADDRESS	3039 SABAL PALM DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	VP
NAME	SAMUELS, DEANNA
STREET ADDRESS	3800 SWEETBRIAR DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	S
NAME	SEETRAM, GLORIA
STREET ADDRESS	1397 EAGLE VOE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	T
NAME	THOMAS, DOROTHY
STREET ADDRESS	1053 EAST 10TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	D
NAME	SAMUELS, KENDALL
STREET ADDRESS	3800 SWEETBRIAR DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	CEO
NAME	WILSON, REV RAYMOND DR
STREET ADDRESS	P.O. BOX 824
CITY-ST-ZIP	SHARON, PA 16146

U00000318758
04/20/05-80071-015 70.00

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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.

SIGNATURE: Brenda A King 4-14-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #