


FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90176 047 ****70.00

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
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| DOCUMENT # N03000005261 | |  | |
| 1. Entity Name PRAISE, PRAYER, POWER DELIVERANCE MINISTRY INC | | | |
| Principal Place of Business 3039 SABAL PALM DRIVE JACKSONVILLE, FL 32277 | | Mailing Address 3039 SABAL PALM DRIVE JACKSONVILLE, FL 32277 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 04242007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 41-2100283 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KING, BRENDA A 3039 SABAL PALM DRIVE JACKSONVILLE, FL 32277 | | 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 registering)</small> DATE _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P KING, BRENDA 3039 SABAL PALM DRIVE JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES. ADMINISTRATIVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY ANDREA D, PATTERSON 7147 ALDERMAN ROAD JACKSONVILLE, FLA 32211 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SAMUELS, DEANNA 3800 SWEETBRIAR DRIVE ORANGE PARK, FL 32073 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHURCH CLERK & ASS. SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JUDY THOMAS 533 WEST 18th STREET JACKSONVILLE, FLA 32206 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CODING, DEBORAH A 7011 MAYAPPLE RD JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ONOWHO, GABRIEL E PO BOX 8225 JACKSONVILLE, FL 322390225 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAMUELS, KENDALL 3800 SWEETBRIAR DRIVE ORANGE PARK, FL 32073 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO WILSON, REV RAYMOND DR P.O. BOX 824 SHARON, PA 16146 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u><i>Brenda A King</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small> | | Date: <u>4-23-07</u> 904-651-7786 <small>Daytime Phone #</small> | |