


FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90141 008 ****70.00

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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		4. FEI Number 41-2100283	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KING, BRENDA A 3039 SABAL PALM DRIVE JACKSONVILLE, FL 32277			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <input checked="" type="checkbox"/> FL Zip Code </div>		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME: KING, BRENDA STREET ADDRESS: 3039 SABAL PALM DRIVE CITY-ST-ZIP: JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete	TITLE: TREASURER/ADMINISTRATIVE SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: ANDREA D. PATTERSON STREET ADDRESS: 7147 ALDERMAN ROAD CITY-ST-ZIP: JACKSONVILLE, FLA 32211			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: VP NAME: SAMUELS, DEANNA STREET ADDRESS: 3800 SWEETBRIAR DRIVE CITY-ST-ZIP: ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE: CHURCH CLERK & SECRETARY NAME: JUDY THOMAS STREET ADDRESS: 533 WEST 18th STREET CITY-ST-ZIP: JACKSONVILLE, FLORIDA 32206			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: S NAME: CODING, DEBORAH A STREET ADDRESS: 7011 MAYAPPLE RD CITY-ST-ZIP: JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: ONOWHO, GABRIEL E STREET ADDRESS: PO BOX 8225 CITY-ST-ZIP: JACKSONVILLE, FL 322390225 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: SAMUELS, KENDALL STREET ADDRESS: 3800 SWEETBRIAR DRIVE CITY-ST-ZIP: ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: CEO NAME: WILSON, REV RAYMOND DR STREET ADDRESS: P.O. BOX 824 CITY-ST-ZIP: SHARON, PA 16148 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<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: <i>Brenda A Kim</i>				Date: <i>4-22-08</i> Daytime Phone #: <i>904-651-7786</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>					