# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2005**
**Secretary of State**

DOCUMENT# N03000009300

**Entity Name:** THE HOUSE OF PRAYER OF DELIVERANCE OUTREACH MINISTRIES OF JACKSONVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

5133 SOUTEL DRIVE
SUITE 5 & 6
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

921 SOUTH EDEWOOD AVE.
JACKSONVILLE, FL 32205

**Current Mailing Address:**

4320 SUNBEAM RD., STE. 1209
JACKSONVILLE, FL 32257

**New Mailing Address:**

921 S. EDGEWOOD AVE.
JACKSONVILLE, FL 32205

**FEI Number: 02-0710129** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROYAL, KAREN D
4320 SUNBEAM RD. STE. 1209
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | CEO | ( ) Delete |
| Name: | ROYAL, KAREN | |
| Address: | 4320 SUNBEAM RD., STE. 1209 | |
| City-St-Zip: | JACKSONVILLE, FL 32257 | |
| Title: | P | ( ) Delete |
| Name: | ROYAL, KAREN | |
| Address: | 4320 SUNBEAM RD., STE. 1209 | |
| City-St-Zip: | JACKSONVILLE, FL 32257 | |
| Title: | V | ( ) Delete |
| Name: | ROYAL, CHARLES | |
| Address: | 4320 SUNBEAM RD., STE. 1209 | |
| City-St-Zip: | JACKSONVILLE, FL 32257 | |
| Title: | S | ( ) Delete |
| Name: | SAGER, LISA | |
| Address: | 4320 SUNBEAM RD., STE. 1209 | |
| City-St-Zip: | JACKSONVILLE, FL 32257 | |
| Title: | T | ( ) Delete |
| Name: | SAGER, TOBIUS | |
| Address: | 4320 SUNBEAM RD., STE. 1209 | |
| City-St-Zip: | JACKSONVILLE, FL 32257 | |
| Title: | T | ( ) Delete |
| Name: | JENNINGS, SUAVEA | |
| Address: | 4320 SUNBEAM RD., STE. 1209 | |
| City-St-Zip: | JACKSONVILLE, FL 32257 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN ROYAL CEO 04/25/2005

Electronic Signature of Signing Officer or Director — Date