


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N04000004067		
1. Entity Name HOUSE OF DELIVERANCE AND PRAISE, INCORPORATED		
Principal Place of Business 17117 S.R. 45 ARCHER, FL 32618	Mailing Address 17117 S.R. 45 ARCHER, FL 32618	



05012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0837878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PRIMOUS ROWE, SUSIE 17117 S.R. 45 ARCHER, FL 32618

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IN THIS SPACE**

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: <u>Susie P. Rowe</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>Susie P. Rowe</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	<u>3/30/07</u> <small>DATE</small>

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	U000000760913 05/25/07-80034-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIMOUS ROWE, SUSIE 17117 S.R. 45 ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROWE, EUGENE 17117 S.R. 45 ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKS, BARBARA 14415 SW 170 ST ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES, TERRACE 3731 NE 212 CT WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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>Susie P. Rowe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Susie P. Rowe</u> <small>Date</small> <u>3/30/07</u> <small>Daytime Phone #</small>