



**FILED**  
**Jun 27, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90023 005 \*\*\*\*61.25

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

<b>DOCUMENT # N04000004067</b> 1. Entity Name <b>HOUSE OF DELIVERANCE AND PRAISE, INCORPORATED</b>			
Principal Place of Business <b>17117 S.R. 45 ARCHER, FL 32618</b>		Mailing Address <b>17117 S.R. 45 ARCHER, FL 32618</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04302008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>01-0837878</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PRIMOUS ROWE, SUSIE 17117 S.R. 45 ARCHER, FL 32618</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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: Insert Registered name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registered)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	d.
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	T		
NAME	PRIMOUS ROWE, SUSIE		
STREET ADDRESS	17117 S.R. 45		
CITY- ST- ZIP	ARCHER, FL 32618		
TITLE	T		
NAME	ROWE, EUGENE		
STREET ADDRESS	17117 S.R. 45		
CITY- ST- ZIP	ARCHER, FL 32618		
TITLE	T		
NAME	BROOKS, BARBARA		
STREET ADDRESS	14415 SW 170 ST		
CITY- ST- ZIP	ARCHER, FL 32618		
TITLE	T		
NAME	JAMES, TERRACE		
STREET ADDRESS	3731 NE 212 CT		
CITY- ST- ZIP	WILLISTON, FL 32696		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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 Primous Rowe</u>		6/22/08 352-316-4336	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	