2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010601

FILED Jul 21, 2007 Secretary of State

Entity Name: PRAISE TEMPLE DELIVERANCE MINISTRIES, INC. **New Principal Place of Business: Current Principal Place of Business:** 248-C NORTH EGLIN PARKWAY PARKWAY PLAZA FORT WALTON BEACH, FL 32548 US **New Mailing Address: Current Mailing Address:** P.O. BOX 1297 MARY ESTHER, FL 32569 US FEI Number: 20-1859696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARKER, DARIN PARKER, DARIN 505 KAHÚNA DRIVE 8249 VERDURA AVE FORT WALTON BEACH, FL 32547 US US NAVARRE, FL 32566 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: 07/21/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PARKER, DARIN PARKER, DARIN Name: Name: Address: 505 KAHUNA DRIVE Address: 8249 VERDURA AVE City-St-Zip: FORT WALTON BEACH, FL 32547 US City-St-Zip: NAVARRE, FL 32566 US Title: () Delete Title: (X) Change () Addition PARKER, MARIE Name: Name: PARKER, MARIE Address: 505 KAHUNA DRIVE Address: 8249 FORT WALTON BEACH, FL 32547 US City-St-Zip: City-St-Zip: NAVARRE, FL 32566 US Title: () Delete Title: () Change (X) Addition Name: BROWN, ADRIEL Name: 3077 GREENE AVE #315 Address: Address: City-St-Zip: City-St-Zip: FT WORTH, TX 76109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DARIN PARKER P 07/21/2007