

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90073 004 ****70.00

DOCUMENT # N05000003995

1. Entity Name
MUDDY JORDAN HEALING AND DELIVERANCE INC.



Principal Place of Business
**822 SPRINGDALE CIRCLE
PALM SPRINGS, FL 33461**

Mailing Address
**822 SPRINGDALE CIRCLE
PALM SPRINGS, FL 33461**

2. Principal Place of Business
1951 AVE H EAST
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box - 10536
Suite, Apt. #, etc.



04112006 Chg-NP CR2E037 (11/05)

City & State
RIVIERA BEACH, FLA
Zip
33404
Country
PALE BEACH

City & State
RIVIERA BEACH, FLA
Zip
33404
Country
PALE BEACH

4. FEI Number
26-0113504
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DANIELS, DWIGHT L
822 SPRINGDALE CIRCLE
PALM SPRINGS, FL 33461**

7. Name and Address of New Registered Agent

Name
DANIELS, DWIGHT L
Street Address (P.O. Box Number is Not Acceptable)
1951 AVE H EAST
City
RIVIERA BEACH FL Zip Code
33404

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 **Dwight L Daniels** **DWIGHT L DANIELS** **4/15/06**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
PD ☐ Delete
NAME
DANIELS, DWIGHT
STREET ADDRESS
822 SPRINGDALE CIRCLE
CITY-ST-ZIP
PALM SPRINGS, FL 33461

TITLE
VP ☒ Delete
NAME
WATKIN, JANET D
STREET ADDRESS
1951 AVE H EAST
CITY-ST-ZIP
RIVIERA BEACH, FL 33404

TITLE
STD ☒ Delete
NAME
FLATT, RITA Z
STREET ADDRESS
822 SPRINGDALE CIRCLE
CITY-ST-ZIP
PALM SPRINGS, FL 33461

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
VP ☒ Change ☐ Addition
NAME
RITA Z FLATT DANIELS
STREET ADDRESS
1951 AVE H EAST
CITY-ST-ZIP
RIVIERA BEACH, FLA 33404

TITLE
TREASURER ☒ Change ☐ Addition
NAME
JANET D WATKINS
STREET ADDRESS
1951 AVE H EAST
CITY-ST-ZIP
RIVIERA BEACH, FLA 33404

TITLE
SECRETARY ☐ Change ☒ Addition
NAME
TEQUILA BOOTH
STREET ADDRESS
305 BUNKER RANCH RD.
CITY-ST-ZIP
WEST PALM BCH, FLA 33401

TITLE
DIRECTOR ☐ Change ☒ Addition
NAME
CANDANCE HENRY
STREET ADDRESS
721 45 ST
CITY-ST-ZIP
WEST PALM BEACH, FLA 33401

TITLE
DIRECTOR ☐ Change ☒ Addition
NAME
HORACE HENRY
STREET ADDRESS
721 45 ST
CITY-ST-ZIP
WEST PALM BEACH, FLA 33401

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: **Dwight L Daniels** **DWIGHT L DANIELS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-06 **561-379-4106**
Date Daytime Phone #