

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002986

FILED
Apr 27, 2009
Secretary of State

Entity Name: PRAISE AND DELIVERANCE CDC, INC

Current Principal Place of Business:

338 NW 6TH AVE
DELRAY BCH, FL 33444

New Principal Place of Business:

Current Mailing Address:

338 NW 6TH AVE
DELRAY BCH, FL 33444

New Mailing Address:

FEI Number: 20-4039568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINSON, JOHN
897 SW CARMELITE ST
PORT ST LUCIE, FL 34983 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: P () Delete
Name: ROBINSON, JOHN
Address: 897 SW CARMELITE ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T () Delete
Name: HARRIS, ROY
Address: 401 ST W 10TH ST
City-St-Zip: DELRAY BEACH, FL 33444

Title: S () Delete
Name: HAYNES, BRUCE
Address: 171 SE 27TH WAY
City-St-Zip: BOYNTON BEACH, FL 33435

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:

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: JOHN ROBINSON, III

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date