

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008681

FILED
Mar 14, 2009
Secretary of State

Entity Name: ELOHIM PRAISE, WORSHIP AND DELIVERANCE, INCORPORATED

Current Principal Place of Business:

1419 SW 2ND CT
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1202
BRONSON, FL 32621

New Mailing Address:

FEI Number: 41-2199497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STACY, CURTIS SR.
11271 NE 87TH AVE
BRONSON, FL 32621 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: C () Delete
Name: BRYANT, CLIFFORD
Address: 2100 NE 11TH TERR
City-St-Zip: GAINESVILLE, FL 32609

Title: S () Delete
Name: JAMES, CHARLENE
Address: 257 NE 11TH ST CT
City-St-Zip: WILLISTON, FL 32696

Title: VC () Delete
Name: DUKES, TERRY
Address: P.O.BOX 291
City-St-Zip: BRONSON, FL 32621

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: CURTIS STACY SR.

RA

03/14/2009

Electronic Signature of Signing Officer or Director

Date