N08000011165

(Requestor's Name	
(ivednesions ivalle	,
(Address)	··
(Address)	
	·
(Address)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ıme)
•	
(Document Number	r)
•	
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	
,	
<u> </u>	

Office Use Only



400148282854

04/03/09--01036--025 **70.00

09 APR -3 AMIO: 10
SECRETARY OF STATI

C.COULLIETTE

APR 08 2009

EXAMINER

COVER LETTER

SUBJECT: POWER HOUSE OF FAI	TH CHURCH OF	DELIVERANCE, INC	
(Name of Corporation)			
DOCUMENT NUMBER: N0800001	11165		
The enclosed Officer/Director Resignation	n for a Corporation	and fee are submitted for filing	
Please return all correspondence concerni	ing this matter to the	e following:	
JUAN JENKINS			
(Name of Person)			
POWER HOUSE OF FAITH CHURC	H OF DELIVER		
(Name of Firm/Company	y)		
P O BOX 16226			
(Address)			
PENSACOLA, FL 32507			
(City/State and Zip Code	;)		
For further information concerning this m	natter, please call:		
JUAN JENKINS	at (850)	281-1823 & Daytime Telephone Number)	
(Name of Person)	(Area Code	& Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	able to the Florida [Department of State.	
Amendment Section Am Division of Corporations Div Clifton Building Pos	iling Address: endment Section ision of Corporation t Office Box 6327 lahassee, FL 32314	ns	

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

T EDNA LOCKLIN	, hereby resign as	SECRETARY		
**	, notoby tosign us_	(Title)	
of POWER HOUSE OF FAITH CH		CE, INC		_,
(Name o	f Corporation)			
N08000011165 (Document Number, if known)	, a corporation organized ur	nder the laws of th	e State of	
FLORIDA				
	- '			
	<u>/</u>			
(Si	gnature of resigning officer/direc	etor)		
			09 APR -3 SECRETARY TALLAHASSE	
FI	ILING FEE IS \$35.00		AM 10: 1. OF STATE FLORI	n
Make checks payable to	o Florida Department of S	state and mail to	TO RIDA RIDA	-

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314