

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010322

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** HOUSE OF PRAY HEALING DELIVERANCE MINISTRY INC

**Current Principal Place of Business:**

7829 NW 41TH CT  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

7829 NW 41TH CT  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 45-3726526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JAMES, RHOAN  
7829 NW 41TH CT  
SUNRISE, FL 33351 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  
**Name:** JAMES, RHOAN  
**Address:** 7829 NW 41TH CT  
**City-St-Zip:** SUNRISE, FL 33351

**Title:** VP  
**Name:** JAMES, ERICA  
**Address:** 7829 NW 41TH CT  
**City-St-Zip:** SUNRISE, FL 33351

**Title:** SEC  
**Name:** ELIZABETH, WILLIAMS  
**Address:** 4371 NW 25TH ST.  
**City-St-Zip:** LAUDERHILL, FL 33313

**Title:** TER  
**Name:** MARVINE, HYLTON-JARRETT  
**Address:** 4765 NW 4TH CT  
**City-St-Zip:** PLANTATION, FL 33317

I hereby 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 all other like empowered.

**SIGNATURE:** RHOAN JAMES

P

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date