


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90080 042 \*\*\*\*61.25

<b>DOCUMENT # N26367</b> 1. Entity Name PRAISE TEMPLE DELIVERANCE CENTER, INC.	
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Principal Place of Business 1010 BRITTS LANE BARTOW, FL 33830 US	Mailing Address 4104 MAYFAIR WAY LAKELAND, FL 33812
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**DO NOT WRITE IN THIS SPACE**

4000



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WATSON, WILLIE LEE 4104 MAYFAIR WAY LAKELAND, FL 33812
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, WILLIE LEE 4104 MAYFAIR WAY LAKELAND, FL 33812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JOHNNIE LEE 2863 DUDLEY DRIVE BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASKIN, JAMIE WEARING 1070 TEE CIRCLE WEST BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, WILLIE 2933 DUDLEY DR BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Willie L. Watson* **1-9-08** **863-533-9332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #