

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26367

FILED  
Mar 22, 2009  
Secretary of State

**Entity Name:** PRAISE TEMPLE DELIVERANCE CENTER, INC.

**Current Principal Place of Business:**

1010 BRITTS LANE  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

4104 MAYFAIR WAY  
LAKELAND, FL 33812

**New Mailing Address:**

**FEI Number:** 02-0683908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATSON, WILLIE LEE  
4104 MAYFAIR WAY  
LAKELAND, FL 33812 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: D ( ) Delete  
Name: WATSON, WILLIE LEE,  
Address: 4104 MAYFAIR WAY  
City-St-Zip: LAKELAND, FL 33812

Title: D ( ) Delete  
Name: HARRIS, JOHNNIE LEE,  
Address: 2863 DUDLEY DRIVE  
City-St-Zip: BARTOW, FL

Title: D ( ) Delete  
Name: GASKIN, JAMIE WEARING  
Address: 1070 TEE CIRCLE WEST  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: ANDERSON, WILLIE  
Address: 2933 DUDLEY DR  
City-St-Zip: BARTOW, FL 33830

**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:

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: WILLIE L WATSON

BISH

03/22/2009

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

\_\_\_\_\_  
Date