

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37507

FILED
Jan 13, 2005
Secretary of State

Entity Name: PRAYER HOUSE OF GOD AND DELIVERANCE, INC.

Current Principal Place of Business:

1200 PENNSYLVANIA AVE
P.O. BOX 1378
CLEARWATER, FL 34617 US

New Principal Place of Business:

Current Mailing Address:

240-13TH AVENUE NORTH
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 65-0111729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KNIGHT, BOBBY
722 SOUTHEAST 12TH AVENUE
CAPE CORAL, FL 33990 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: DVS () Delete
Name: BRINSON, CAROLYN
Address: 240-13TH AVENUE NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DTR () Delete
Name: BRINSON, VASHAWN
Address: 240-13TH AVENUE NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DM () Delete
Name: WALKER, MAEOLA
Address: 3025 SE 15TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: DT () Delete
Name: KNIGHT, DEBRA
Address: 722 SOUTHEAST 12TH AVENUE
City-St-Zip: CAPE CORAL, FL 33990

Title: P () Delete
Name: KNIGHT, BOBBY
Address: 722 SOUTHEAST 12TH AVENUE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DM (X) Change () Addition
Name: WALKER, MAEOLA
Address: 427 SE 24TH AVENUE
City-St-Zip: CAPE CORAL, FL 33990

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 for the exemption stated in Section 119.07(3)(i), 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: BOBBY KNIGHT

P

01/13/2005

Electronic Signature of Signing Officer or Director

Date