


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N38498</b> 1. Entity Name THE CHURCH OF POWER, PRAISE, AND DELIVERANCE, INC.	
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Principal Place of Business C/O WILLIE CHAMBLISS, SR. 701 W SOUTH STREET POB 555144 ORLANDO, FL 32855	Mailing Address C/O WILLIE CHAMBLISS, SR. 701 W SOUTH STREET POB 555144 ORLANDO, FL 32855
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07132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3001585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$6.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CHAMBLISS, WILLIE SR 4281 31ST AVE. VERO BEACH, FL 32967	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Willie C. Chambliss Sr. DATE 7-15-04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHAMBLISS, WILLIE 4281 31ST AVE. VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TAYLOR, BRENDA 3085 WILLOW BEND BLVD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SNYDER, TRELIS 4465 27TH AVE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PARKS, SHARON 1722 MERCY DR ORLANDO, FL 32808
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 exemption stated in Section 119.07(3)(f), 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 C. Chambliss / President DATE 7/15/04 (772) 473-9719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR