

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N38498

1. Entity Name
**THE CHURCH OF POWER, PRAISE, AND DELIVERANCE,
INC.**



FILED
May 02, 2005 08:00 AM
Secretary of State

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**



02262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3001585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHAMBLISS, WILLIE SR
4281 31ST AVE.
VERO BEACH, FL 32967**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHAMBLISS, WILLIE
STREET ADDRESS 4281 31ST AVE.
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE T
NAME TAYLOR, BRENDA
STREET ADDRESS 3085 WILLOW BEND BLVD
CITY-ST-ZIP ORLANDO, FL 32808

TITLE S
NAME SNYDER, TRELIS
STREET ADDRESS 4465 27TH AVE
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE V
NAME PARKS, SHARON
STREET ADDRESS 1722 MERCY DR
CITY-ST-ZIP ORLANDO, FL 32808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/03/05 80146-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Chambliss Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05
Date

Daytime Phone #