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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46631** (0)

1. Corporation Name

DELIVERANCE HOUSE OF PRAYERS, INC.



Principal Place of Business

Mailing Address

**7150 WILEY RD
7169 EUDINE DRIVE SOUTH
JACKSONVILLE FL 32210
US**

**7150 WILEY RD
7169 EUDINE DRIVE SOUTH
JACKSONVILLE FL 32210-2630
US**

3. Date Incorporated or Qualified
12/23/1991

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBINSON, DWIGHT DAVID
7169 EUDINE DRIVE SOUTH
JACKSONVILLE FL 32210**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ROBINSON, DWIGHT DAVID**
STREET ADDRESS **7150 WILEY RD**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☒ DELETE
NAME **REGINALD E DUNSTON**
STREET ADDRESS **PO BX 6771**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **P Edward Williams** ☒ Change ☐ Addition
2.2 NAME **1012 Englishside Ave**
2.3 STREET ADDRESS **Jacksonville, FL**
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **ROBINSON, JACKIE**
STREET ADDRESS **7150 WILEY RD**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **DUBUIS, DONALD**
STREET ADDRESS **3140 DIGRAN ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE **Jatima Williams** ☒ Change ☐ Addition
4.2 NAME **1021 Englishside Ave.**
4.3 STREET ADDRESS **Jacksonville, FL.**
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **DUBUIS, AUDREY**
STREET ADDRESS **3140 DIGRAN ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE **Paula Benton** ☒ Change ☐ Addition
5.2 NAME **284 Carriann Cove Trail West**
5.3 STREET ADDRESS **Gar, FL.**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

April 21, 1997 786-1355

CR2E037 (9/96)