1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N46631

1. Corporation Name

DELIVERANCE HOUSE OF PRAYERS, INC.

Principal Place of Business	
7150 WILEY RD 7169 EUDINE DRIVE SOUTH JACKSONVILLE FL 32210 US	

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

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7150 WILEY RD 7169 EUDINE DRIVE SOUTH JACKSONVILLE FL 32210

FILED May 05, 1999 8:00 am secretary of State

05-05-1999 90049 005 ****61.25

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3. Date Incorporated or Qualifed

12/23/1991

59-3127361

FEI Number

20 20 20 20 20 20 20 20	City & State	City & State				5. Certificate of Status Desired					
ROBINSON, DWIGHT DAVID 7169 EUDINE DRIVE SOUTH JACKSONVILLE FL 32210 38	23		28								
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Name 13. Name 13. Name 14. Name 15. Name 16. Name 17. September 18. Name 18. Nam	Zip		_	, -,				•			
ROBINSON, DWIGHT DAVID 7169 EUDINE DRIVE SOUTH JACKSONVILLE FL 32210 82 Street Address (P.O. Box Number is Not Acceptable) 13. Pursuant to the provisions of Sections 517,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered defice 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, agent, and accept the appointment as registered agent, agent, agent, agent, agent, agent agent, agent, agent agent, agent, agent, agent agent, agent agent, agent, agent, agent agent, agent, agent, agent agent, agent, agent agent,	24			30					to Fees		
ROBINSON, DWIGHT DAVID 7169 EUDINE DRIVE SOUTH JACKSONVILLE FL 32210 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		9. Name and Address of Current I	Registered Agent		1		gistered A	gent			
7189 EUDINE DRIVE SOUTH JACKSONVILLE FL 32210 83 84				81	Name						
JACKSONVILE FL 32210 33	ROBINSON, DWIGHT DAVID			82	Stree	t Address (P.O. Box Number is Not Acceptab	ie)				
34. City	7169 EUDINE DRIVE SOUTH			_							
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 egent, 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 office or registered egent, 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 different and tentile with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-2P THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-2P THOMAS, CARLA 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO O	JACKSONVILLE FL 32210			83					Į		
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6.4 CITY-ST-ZIP 14. 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	CITY-ST-ZIP	alie al a the incompliance of the country of	this filing does not qualify for			ed in Section 110 07(3Vi) Florida Statutas II	urther certi	fy that the	information		

Indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 15.07(3)(f), fortida Statutes and the composition of the composition or supplied with that it am an officer or director of the composition 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, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable