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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 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		Mailing Address 7150 WILEY RD 7169 EUDINE DRIVE SOUTH JACKSONVILLE FL 32210 US			
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/23/1991	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3127361	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ROBINSON, DWIGHT DAVID 7169 EUDINE DRIVE SOUTH JACKSONVILLE FL 32210			10. Name and Address of New Registered Agent 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 NAME ROBINSON, DWIGHT DAVID STREET ADDRESS 7150 WILEY RD CITY-ST-ZIP JACKSONVILLE FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE T NAME THOMAS, CARLA STREET ADDRESS 4375 CONFEDERATE RT. RD. APT. 20 CITY-ST-ZIP JACKSONVILLE FL 32216			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE SD NAME ROBINSON, JACKIE STREET ADDRESS 7150 WILEY RD CITY-ST-ZIP JACKSONVILLE FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D NAME MABIKA, LATARI LAWSON STREET ADDRESS 6860 BIDDY LN. CITY-ST-ZIP JACKSONVILLE FL 32210			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D NAME MONTFORD, JULIE STREET ADDRESS 7150 WILEY ROAD CITY-ST-ZIP JACKSONVILLE FL 32210			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

Date

Daytime Phone #

CR2E037 (11/98)