

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2005
Secretary of State

DOCUMENT# N46631

Entity Name: DELIVERANCE HOUSE OF PRAYERS, INC.

Current Principal Place of Business:

5248-2 NORWOOD AVE
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6546
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 59-3127361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBINSON, DWIGHT D PASTOR
P.O. BOX 6546
JACKSONVILLE, FL 32236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ROBINSON, DWIGHT D
Address: 7150 WILEY RD
City-St-Zip: JACKSONVILLE, FL

Title: V/D () Delete
Name: ROBINSON, JACKIE
Address: 7150 WILEY RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: S () Delete
Name: GORDON-LAWSON, MALEIKA
Address: 2368 JUSTIN RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: BROWN, CARLA T
Address: 1591 LANE AVE S., APT 25
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: CALVIN, SWAN
Address: 3877 STARLEAF ROAD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GORDON-LAWSON, MALEIKA
Address: 2368 JUSTIN RD WEST
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALEIKA GORDON-LAWSON

S

07/04/2005

Electronic Signature of Signing Officer or Director

_____ Date