

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90126 028 ****70.00

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DOCUMENT # N46631

1. Entity Name
DELIVERANCE HOUSE OF PRAYERS, INC.



Principal Place of Business Mailing Address

**5248-2 NORWOOD AVE
JACKSONVILLE FL 32209
US**

**P.O. BOX 6546
JACKSONVILLE FL 32236
US**

2 Principal Place of Business 3. Mailing Address

5248-2 NORWOOD AVE PO BOX 6546

Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State City & State

JACKSONVILLE FL JACKSONVILLE FL

Zip Country Zip Country

DUVAL 32236 DUVAL

4. FEI Number **59-3127361** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, DWIGHT DAVID
5248-2 NORWOOD AVE
JACKSONVILLE FL 32-2089**

7. Name and Address of New Registered Agent

Name **Robinson, Dwight DAVID**

Street Address (P.O. Box Number is Not Acceptable)
PO BOX 6546

City **JACKSONVILLE** FL Zip Code **32236**

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 **Dwight Robinson Dwight Robinson** DATE **4/13/03**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ROBINSON, DWIGHT DAVID	7150 WILEY RD	JACKSONVILLE FL	<input type="checkbox"/>
D	GIST, EARLE	3820 O'RIELLY RD	JACKSONVILLE FL 32210	<input checked="" type="checkbox"/>
DV	ROBINSON, JACKIE	7150 WILEY RD	JACKSONVILLE FL 32210	<input type="checkbox"/>
S	MABIKA, LATARI LAWSON	2368 JUSTIN RD	JACKSONVILLE FL 32210	<input type="checkbox"/>
T	SLOCUMB-ARNOLD, DEBORAH	7057 SONORA DR. N	JACKSONVILLE FL 32244	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	JULIE MONTFORD	15915 LANE AVE APT 108H	JACKSONVILLE, FL 32210	<input type="checkbox"/>	<input type="checkbox"/>
	MAIIEKA GORDON-LAWSON	2368 JUSTIN RD.	JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	CARIA THOMAS BROWN	1591 LANE AVE S. APT 25C	JACKSONVILLE, FL 32210	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Dwight Robinson DWIGHT Robinson** DATE **4/13/03** Daytime Phone # **(904) 781-1484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)