2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# N94000005217

Entity Name: GRACE AND HOPE DELIVERANCE MINISTREY INC.

Current Principal Place of Business:

1017 EAST 8TH STREET
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

2567 WEST 28TH STREET
JACKSONVILLE, FL 32209 US

New Mailing Address:

FEI Number: 76-0756061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMPSON, GLADYS E
2567 WEST 28TH STREET
JACKSONVILLE, FL 32209 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: TAM ( ) Delete
Name: PRESSLEY, LORNA
Address: 2567 WEST 28TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TDMD (X) Delete
Name: WILLIAMS, CAROLYN
Address: 265 GREEN STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: DRS (X) Delete
Name: RICHARDSON, THERESA
Address: 5655 LIDDELL LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: TCE ( ) Delete
Name: FLUCAS, ROSA
Address: 1338 EAGLE CORE STREET EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: DR (X) Delete
Name: COOK, TRACY
Address: 2426 WYLENE STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: DR ( ) Delete
Name: PRESSLEY, TRAVIS
Address: 2567 WEST 28TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Chapter 119, 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: LORNA PRESSLEY TAM 04/12/2006

Electronic Signature of Signing Officer or Director — Date