

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90245 049 ****70.00

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1. Entity Name

GRACE AND HOPE DELIVERANCE MINISTREY INC.



Principal Place of Business

1017 EAST 8TH STREET
JACKSONVILLE FL 32208
US

Mailing Address

2567 WEST 28TH STREET
JACKSONVILLE FL 32209
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0756061

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMPSON, GLADYS E
2567 WEST 28TH STREET
JACKSONVILLE FL 32209

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2007

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 **TAM** ☐ Delete
NAME **PRESSLEY, LORNA**
STREET ADDRESS **2567 WEST 28TH STREET**
CITY-STATE-ZIP **JACKSONVILLE FL 32209**

TITLE **TCE** ☒ Delete
NAME **FLUCAS, ROSA**
STREET ADDRESS **1338 EAGLE CORE STREET EAST**
CITY-STATE-ZIP **JACKSONVILLE FL 32218**

TITLE **DR** ☐ Delete
NAME **PRESSLEY, TRAVIS**
STREET ADDRESS **2567 WEST 28TH STREET**
CITY-STATE-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **Tce** ☐ Change ☒ Addition
NAME **Sampson, Angela**
STREET ADDRESS **2567 W. 28th St**
CITY-STATE-ZIP **JACKSONVILLE, FLA 32209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Lorna S. Pressley* **LORNA S. Pressley**

4-6-07 **904/714-0647**