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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005599 (5)
1. Corporation Name
HOUSE OF PRAYER OF DELIVERANCE CENTER, INC.



Principal Place of Business C/O DAVID L. WEATHERSPOON 3331 NW 36 AVENUE FORT LAUDERDALE FL 33309 US	Mailing Address C/O DAVID L. WEATHERSPOON 3331 NW 36 AVENUE FORT LAUDERDALE FL 33309-5317 US
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3. Date Incorporated or Qualified 11/14/1994	3a. Date of Last Report 02/15/1996
4. FEI Number 65-0534188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**WEATHERSPOON, DAVID L
3331 NW 36TH AVE.
FT. LAUDERDALE FL 33309**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WEATHERSPOON, DAVID L	
STREET ADDRESS 3331 N W 36 AVE	
CITY-ST-ZIP FT LAUDERDALE FL 33309	
TITLE D	<input type="checkbox"/> DELETE
NAME RANDALL, DARLENE	
STREET ADDRESS 420 N W 30TH TERR	
CITY-ST-ZIP FT LAUDERDALE FL 33311	
TITLE Treasurer	<input type="checkbox"/> DELETE
NAME CUNNINGHAM, AIDA	
STREET ADDRESS 4830 SW 28 TERRACE	
CITY-ST-ZIP 77 Lauderdale Fl, 33312	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME ALICE G. WEATHERSPOON	
1.3 STREET ADDRESS 3331 NW 36 AVE	
1.4 CITY-ST-ZIP 77 Lauderdale Fl, 33309	
2.1 TITLE Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME DARLENE RANDALL	
2.3 STREET ADDRESS 540 NW 4TH AVE	
2.4 CITY-ST-ZIP FL LAUDERDALE 77A 33311	
3.1 TITLE Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME TRIFINIA K. Pender Graph	
3.3 STREET ADDRESS 4121 NW 34th Terrace	
3.4 CITY-ST-ZIP Lauderdale Lake 33309	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)