


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90214 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005599**

1. Corporation Name  
**HOUSE OF PRAYER OF DELIVERANCE CENTER, INC.**

Principal Place of Business C/O ALICE WEATHERSPOON 3331 NW 36 AVENUE FORT LAUDERDALE FL 33309 US	Mailing Address C/O ALICE WEATHERSPOON 3331 NW 36 AVENUE FORT LAUDERDALE FL 33309 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/14/1994	4. FEI Number 65-0534188 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent

**WEATHERSPOON, ALICE**  
**3331 NW 36TH AVENUE**  
**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	<b>FL</b>
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	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RANDALL, JOSEPH	
STREET ADDRESS	540 NW 4TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RANDALL, DARLENE	
STREET ADDRESS	540 NW 4TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PENDERGRAPH, TRIFINIA K	
STREET ADDRESS	4121 NW 34TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHANDLER, SHIRLEY	
STREET ADDRESS	4451 NW 25TH PL	
CITY-ST-ZIP	LAUDERHILL FL	
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RANDALL, JOSEPH	
1.3 STREET ADDRESS	540 N.W. 4th AVE	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *VPD Alice Weatherspoon 3-8-99 954 735-8936*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)