2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005599

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

Principal Place of Business	Mailing Address
C/O ALICE WEATHERSPOON 3331 NW 36 AVENUE FORT LAUDERDALE, FL 33309 US	C/O ALICE WEATHERSPOON 3331 NW 36 AVENUE FORT LAUDERDALE, FL 33309 US

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01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0534188
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEATHERSPOON, ALICE
3331 NW 36TH AVENUE
FT. LAUDERDALE, FL 33309

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	RANDALL, DARLENE
STREET ADDRESS	3331 NW 36 AVE
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
TITLE	S
NAME	PENDERGRAPH, TRIFINIA K
STREET ADDRESS	4121 NW 34TH TERRACE
CITY-ST-ZIP	LAUDERDALE LAKE, FL
TITLE	TD
NAME	CHANDLER, SHIRLEY
STREET ADDRESS	1881 NW 42TERR #F-108
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	VPDT
NAME	CHANDLER, SHIRLEY
STREET ADDRESS	1881 NW 42TERR #F-108
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	PP
NAME	WEATHERSPOON, ALICE
STREET ADDRESS	3331 NW 36TH AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/06-80039-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Alice Weatherspoon 2/2/06 (954) 7358826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #