

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005599

FILED
Mar 09, 2007
Secretary of State

Entity Name: HOUSE OF PRAYER OF DELIVERANCE CENTER, INC.

Current Principal Place of Business:

C/O ALICE WEATHERSPOON
3331 NW 36 AVENUE
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

C/O ALICE WEATHERSPOON
3331 NW 36 AVENUE
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0534188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEATHERSPOON, ALICE
3331 NW 36TH AVENUE
FT. LAUDERDALE, FL 33309 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: T () Delete
Name: RANDALL, DARLENE
Address: 3331 NW 36 AVE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: S () Delete
Name: PENDERGRAPH, TRIFINIA K
Address: 4121 NW 34TH TERRACE
City-St-Zip: LAUDERDALE LAKE, FL

Title: TD () Delete
Name: CHANDLER, SHIRLEY
Address: 1881 NW 42TERR #F-108
City-St-Zip: LAUDERHILL, FL 33313

Title: VPDT () Delete
Name: CHANDLER, SHIRLEY
Address: 1881 NW 42TERR #F-108
City-St-Zip: LAUDERHILL, FL 33313

Title: PP () Delete
Name: WEATHERSPOON, ALICE
Address: 3331 NW 36TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: CHANDLER, SHIRLEY
Address: 4331 N.W 18 STREET N-111
City-St-Zip: LAUDERHILL, FL 33313

Title: VPDT (X) Change () Addition
Name: CHANDLER, SHIRLEY
Address: 4331 N.W 18 STREE N-111
City-St-Zip: LAUDERHILL, FL 33313

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: ALICE WEATHERSPOON

PP

03/09/2007

Electronic Signature of Signing Officer or Director

_____ Date