2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000623

FILED Sep 30, 2004 Secretary of State

Entity Name: JESUS CHRIST PRAYER BAND CHURCH OF DELIVERANCE AND SALVATION INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2811 17TH SARASOTA		US			
Current Mailing Address: New Mailing Address:					
2014 EDGEWATER DR. SARASOTA, FL 34234 US					
FEI Number: 65-0853176 FEI		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SNIPES, MILDRED PASTOR 2014 EDGEWATER DRIVE SARASOTA, FL 34234 US					
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:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E SNIPES, MILDRE 2014 EDGEWAT SARASOTA, FL	ER DRIVE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VD () E SNIPES, LEE 2014 EDGEWAT SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	SD () E GRAY, ROSEMA 1743 CENTRAL A SARASOTA, FL	AVE.	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	TD () E SNIPES, CHANTI 2014 EDGEWAT SARASOTA, FL	ER DRIVE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	MD () E GRIMES, LILLIE 2241 COCOANU SARASOTA, FL	T AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RSD () E WILLIAMS, LESA 1451 14TH SOUT SAINT PETERSB	ГН	Title: Name: Address: City-St-Zip:	() Change () Addition	
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MILDRED SNIPES PAST 09/30/2004