

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002333

FILED
Feb 02, 2009
Secretary of State

Entity Name: NEW LIFE DELIVERANCE PRAISE AND WORSHIP MINISTRIES INC.

Current Principal Place of Business:

2101 2ND ST NE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

2101 2ND ST NE
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3452910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWTHORNE, GREGORY SR.
5727 OLD LUCERNE PARK ROAD
WINTER HAVEN, FL, FL 33881 US

Name and Address of New Registered Agent:

HAWTHORNE, GREGORY SR.
5727 OLD LUCERNE PARK ROAD
WINTER HAVEN, FL 33881 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:

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: HAWTHORNE, GREGORY L SR
Address: 5727 OLD LUCERNE PARK ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: STD () Delete
Name: HOWARD, WINIFRED
Address: 279 CLOVERDALE RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: APD () Delete
Name: HAWTHORNE, LISA J
Address: 5727 OLD LUCERNE PARK ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: DD () Delete
Name: ELLIS, KIMMBERLEY S
Address: 151 AVE C SE APT B
City-St-Zip: WINTER HAVEN, FL 33880

Title: DD () Delete
Name: SMITH, STEFON E
Address: 5727 OLD LUCERNE PARK ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: DD () Delete
Name: COLEMAN, DERRICK B
Address: P.O. BOX 2508
City-St-Zip: WINTER HAVEN, FL 33883

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GREGORY L. HAWTHORNE SR.

PPD

02/02/2009

Electronic Signature of Signing Officer or Director

Date