NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 10, 2004 8:00 am
Secretary of State
04-30-2004 90236 029 ****70.00

DOCUMENT # N98000003053

1. Entity Name
Morning Glory House of Prayer Deliverance Ministries, Inc

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1905 W. 15th Suite, Apt. #, etc.	2325 McQuade St, Suite, Apt. #, etc.
City & State: Jacksonville, Fl. Zip: 32209 Country: Duval	City & State: Jax Fl. Zip: 32209 Country: Duval

4. FEI Number: 59-3505875 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Linda Webb

Street Address (P.O. Box Number is Not Acceptable): 2325 McQuade St

City: Jacksonville FL Zip Code: 32209

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: Linda Webb Pastor 4/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE P NAME Webb, Linda STREET ADDRESS 2325 McQuade CITY-ST-ZIP Jacksonville, Fl. 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME Farmer, Alecia STREET ADDRESS 6010 Westchase Apt 2 CITY-ST-ZIP Jax Fl. 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME Motley, Sandra STREET ADDRESS 1644 Barber Lane CITY-ST-ZIP Jacksonville, Fl. 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME Webb, Joseph STREET ADDRESS 6455 Argyle Forrest Apt 853 CITY-ST-ZIP Jax Fl 32244	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME Wiggins, Marquita STREET ADDRESS 2325 Mc Quade St. CITY-ST-ZIP Jax Fl. 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME Wiggins, William STREET ADDRESS 10385 Woodley Creek West CITY-ST-ZIP Jax Fl. 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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CR2E037B (12/02)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Webb Pastor 4/25/04 904 374-5043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #