

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90389 022 ****70.00

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DOCUMENT # N98000003053 1. Entity Name MORNING GLORY HOUSE OF PRAYER DELIVERANCE MINISTRY INC.					
Principal Place of Business 1505 W 15TH JAX, FL 32209			Mailing Address 2325 MCQUADE ST. JAX, FL 32209		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3505875	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEBB, LINDA PASTOR 2325 MCDUADE ST JAX, FL 32209				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	WEBB, LINDA	NAME			
STREET ADDRESS	2325 MCQUADE ST	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32220	CITY-ST-ZIP			
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	JOHNSON, ANTHONY	NAME			
STREET ADDRESS	2325 MCQUADE STREET	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP			
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	WEBB, JOSEPH	NAME			
STREET ADDRESS	6455 ARGYLE FOREST BLVD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP			
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	FARMER, FALECIA	NAME			
STREET ADDRESS	5010 WEST CHASE CT #2	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP			
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	WIGGINS, MAURICE	NAME			
STREET ADDRESS	2325 MCQUADE STREET	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP			
TITLE	T ☒ Delete	TITLE	☐ Change ☐ Addition		
NAME	MOTLEY, SANDRA	NAME			
STREET ADDRESS	1644 BARBRA LN	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 4-27-a-904 981-8257 Date Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					