

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

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 MC QUADE ST.
JAX, FL 32209**



02202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3505875

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEBB, LINDA PASTOR
2325 MCDUADE ST
JAX, FL 32209**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U000000942825
05/29/08-80037-002 70.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WEBB, LINDA
STREET ADDRESS	2325 MCQUADE ST
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	T
NAME	WEBB, JOSEPH
STREET ADDRESS	6455 ARGYLE FOREST BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	T
NAME	FARMER, FALECIA
STREET ADDRESS	1827 BROOK FOREST DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	T
NAME	WIGGINS, MAURICE
STREET ADDRESS	2325 MCQUADE STREET
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-223-08 904-384-5741