

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003053

FILED
Apr 28, 2009
Secretary of State

Entity Name: MORNING GLORY HOUSE OF PRAYER DELIVERANCE MINISTRY INC.

Current Principal Place of Business:

1505 W 15TH
JAX, FL 32209

New Principal Place of Business:

Current Mailing Address:

2325 MC QUADE ST.
JAX, FL 32209

New Mailing Address:

FEI Number: 59-3505875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: WEBB, LINDA
Address: 2325 MCQUADE ST
City-St-Zip: JACKSONVILLE, FL 32220

Title: T () Delete
Name: WEBB, JOSEPH
Address: 6455 ARGYLE FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: FARMER, FALECIA
Address: 1827 BROOK FOREST DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: WIGGINS, MAURICE
Address: 2325 MCQUADE STREET
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: FARMER, FALECIA
Address: 1627 BROOK FOREST DR.
City-St-Zip: JACKSONVILLE, FL 32208

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: PASTOR LINDA WEBB

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date