

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N99000002956

1. Entity Name

B & P HENRY HEALING & DELIVERANCE MINISTRIES,
INC.



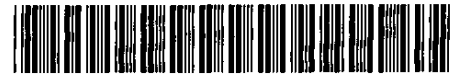
FILED
Feb 28, 2007 08:00 AM
Secretary of State

Principal Place of Business

3613 S.W. 21ST CT.
FT. LAUDERDALE FL 33312

Mailing Address

3613 S.W. 21ST CT.
FT. LAUDERDALE FL 33312



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0917868

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, BERESFORD
3613 S.W. 21ST CT.
FT. LAUDERDALE FL 33312

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 reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 D ☐ Delete
NAME HENRY, BERESFORD
STREET ADDRESS 3613 S.W. 21ST CT.
CITY- ST- ZIP FT. LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition
NAME 000000649811
STREET ADDRESS 03/07/07-80067-003 75.00
CITY- ST- ZIP

TITLE D ☐ Delete
NAME HENRY, PEARLENA
STREET ADDRESS 3613 S.W. 21ST CT.
CITY- ST- ZIP FT. LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME HENRY, KERRY
STREET ADDRESS 3613 S.W. 21ST CT.
CITY- ST- ZIP FT. LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 unchanged, or on an attachment with an address, with all other like empowered.

2-21-07 954-518-8502