

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

112

DOCUMENT # N99000003287	
1. Entity Name EMANUEL HOUSE OF PRAYER DELIVERANCE MINISTRIES, INC.	



FILED  
05 APR 22 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 809 AVONDALE AVE #9 ORLANDO, FL 32805	Mailing Address 809 AVONDALE AVE #9 ORLANDO, FL 32805
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2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04122005 REIN-NP CR2E099 (6/04)

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3567888	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  DUPREE, ANNIE 715 AVONDALE ST., #5 ORLANDO, FL 32805	
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7. Name and Address of New Registered Agent	
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 <i>Annie Dupree</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUPREE, MOTHER ANNIE 715 AVONDALE DR #5 ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DUPREE, TRACEY 829 MITCHELL DRIVE ORLANDO, FL 32805 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GSD SENER, TONIA E 715 AP 5 AVONDALE AV ORLANDO, FL 32805 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PIERCE, BILLY 3700 CURRY FORD RD APT W-18 ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RIVER, JAMES 1715 MERCY DR AP 104 ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DUPREE, DWANE J 4086 FERROW ST ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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05/06/05--01006--018 \*\*175.00

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: <i>Annie Dupree</i>	4/18/05	407-423-7746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

520

V P D - Tammi Elise Dupree  
4081 Shellman St  
Orlando, Fla 32811

Q S D Mary Jane Fell  
4172 Timberwood Rd  
Orlando, Fla 32839

T. Andrew Clark's Cave  
4172 Timberwood Rd  
Orlando Fla 32839