

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003132

Entity Name: COURTS OF PRAISE DELIVERANCE MINISTRIES, INC**Current Principal Place of Business:**14124 SWEET SHRUB CT
BROOKSVILLE, FL 34613**Current Mailing Address:**14124 SWEET SHRUB CT
BROOKSVILLE, FL 34613 US**FEI Number: 26-4576918****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARNES, DELL OSR
14124 SWEET SHRUB CT
BROOKSVILLE, FL 34613 US*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**Officer/Director Detail :**

Title	P
Name	BARNES, DELL OSR
Address	14124 SWEET SHRUB CT
City-State-Zip:	BROOKSVILLE FL 34613

Title	T
Name	KNIGHT, MONA J
Address	14124 SWEET SHRUB CT
City-State-Zip:	BROOKSVILLE FL 34613

Title	S
Name	BARNES, ADILEE M
Address	5127 LANDOVER BLVD
City-State-Zip:	SPRING HILL FL 34609

Title	VP
Name	BARNES, SHERYLENE M
Address	14124 SWEET SHRUB CT
City-State-Zip:	BROOKSVILLE FL 34613

Title	D
Name	BARNES, ERIC
Address	14124 SWEET SHRUB CT
City-State-Zip:	BROOKSVILLE FL 34613

Title	D
Name	BARNES, DELL OJR
Address	14124 SWEET SHRUB CT
City-State-Zip:	BROOKSVILLE FL 34613

I hereby 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 all other like empowered.

SIGNATURE: DELL O BARNES SR**MANAGER****04/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date