

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010322

**FILED  
Apr 16, 2019  
Secretary of State  
0137278756CC**

**Entity Name:** HOUSE OF PRAYER HEALING AND DELIVERANCE MINISTRY  
INC

**Current Principal Place of Business:**

7829 NW 41TH CT  
SUNRISE, FL 33351

**Current Mailing Address:**

7829 NW 41TH CT  
SUNRISE, FL 33351

**FEI Number: 45-3726526**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JAMES, RHOAN  
7829 NW 41TH CT  
SUNRISE, FL 33351 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            JAMES, RHOAN  
Address        7829 NW 41TH CT  
City-State-Zip: SUNRISE FL 33351

Title            TREASURER  
Name            FRANCIS, JAQCUELINE  
Address        7829 NW 41TH CT  
City-State-Zip: SUNRISE FL 33351

*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: RHOAN JAMES**

**P**

**04/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date