

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010322

**FILED**  
**Apr 01, 2016**  
**Secretary of State**  
**CC3918822840**

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

Title SECRETARY  
Name RICHARDS, LATOYA  
Address 2230 NW 50TH AVE  
City-State-Zip: LAUDERHILL FL 33313

Title VP  
Name DOUGLAS, ORAL  
Address 3654 CORAL SPRINGS DR  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** LATOYA RICHARDS

**SECRETARY**

**04/01/2016**

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

\_\_\_\_\_  
Date