

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010322

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

**FILED**  
**Feb 22, 2024**  
**Secretary of State**  
**8868035653CC**

**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: RHOAN JAMES

02/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

PASTOR

02/22/2024

Electronic Signature of Signing Officer/Director Detail

Date