2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# N05000002064

Entity Name: VALLEY OF GERAR HOUSE OF PRAYER, INC.

Current Principal Place of Business:

109 BOULEVARD SOUTH
TAMPA, FL 33606

New Principal Place of Business:

802 E. LOUISIANA AVE.
TAMPA, FL 33603

Current Mailing Address:

PO BOX 89865
TAMPA, FL 33689

New Mailing Address:

FEI Number: 22-3905494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, HELEN
4502 PRESTON WOODS DR
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

NELSON, ZERELDA W
1910 ERIN BROOKE DR.
VALRICO, FL 33594 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: ZERELDA W. NELSON 07/10/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MIN. ( ) Change (X) Addition
Name: GAUTIERRE, CHARLA M EX. DIR
Address: P. O. BOX 89865
City-St-Zip: TAMPA, FL 33689

Title: MIN. ( ) Change (X) Addition
Name: NELSON, ZERELDA W ASC. DI
Address: 1910 ERIN BROOKE DR.
City-St-Zip: VALRICO, FL 33594

Title: TRUS ( ) Change (X) Addition
Name: WIGGINS, FRED G TRUSTEE
Address: P. O. BOX 89865
City-St-Zip: TAMPA, FL 33689

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLA M. GAUTIERRE MIN. 07/10/2006
Electronic Signature of Signing Officer or Director Date