


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N06534
 1. Entity Name
HOUSE OF PRAYER AND RESCUE MISSION, INC.



Principal Place of Business
**501 NORTH 6TH STREET
 PALATKA, FL 32177**

Mailing Address
**2501 PROSPER STREET, APT 23-B
 PALATKA, FL 32177**



04162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2870036

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BEAL, ROSA MAC
 2501 PROSPER STREET, APT 23-B
 PALATKA, FL 32177**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rosa M. Beal* DATE 04/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee Is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEAL, ROSA M 220 SOUTH 14TH ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEAL, STEPHINE 3701 ST. JOHN AVE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONALDSON, MARY 807 N. 16TH ST. PALATKA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEAL, CLOVER 220 SOUTH 14TH ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/01/07-80032-023 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosa M. Beal* DATE 04/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #