


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90090 001 \*\*\*\*\*8.75  
 07-14-2008 90090 002 \*\*\*\*\*61.25

<b>DOCUMENT # N94000001415</b>	
1. Entity Name HOUSE OF PRAYER MINISTRIES OF GOD, INC.	

Principal Place of Business 17210 NW 43 COURT CAROL CITY, FL 33055 US	Mailing Address 17210 NW 43RD COURT OPA LOCKA, FL 33055 US
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**66015251**



07072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0480466	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, VIRGINIA  
 17210 N.W. 43RD. COURT  
 OPA LOCKA, FL 33055

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, VIRGINIA 17210 N.W. 43RD. COURT OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT CARTER, EDWARD L 17210 NW 43RD COURT OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JOHN 17131 N.W. 44TH AVENUE OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILCREASE, SHERRIA 4361 NW 173RD DRIVE OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, WILLIE JAMES 2261 NW 58TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Virginia Carter* / VIRGINIA CARTER **7/7/08** 305 620-7173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #