


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90266 010 ****75.00

DOCUMENT # 748147 1. Entity Name THE SEVEN HOURS HOLINESS CHURCH, INTERNATIONAL HOUSE OF ISRAEL AND THE HOUSE OF PRAYER, HOLY PRA			
Principal Place of Business 242 W 17 ST JACKSONVILLE, FL 32206 US		Mailing Address 242 SW 17 ST JACKSONVILLE, FL 32206 US	
2. Principal Place of Business 242 W 17 St		3. Mailing Address 242 W 17 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville		City & State Jacksonville Fla	
Zip 32206		Zip 32206	
Country United States		Country United States	
4. FEI Number NOT APPLICABLE		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, ETHEL 242 W 17 ST JACKSONVILLE, FL 32206		7. Name and Address of New Registered Agent Name P. Evang Ethel E Clark Street Address (P.O. Box Number is Not Acceptable) 242 W 17 St Jacksonville Fla City Jacksonville State Fla Zip Code 32206	
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 P. Evang Ethel E. Clark DATE 4-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, ETHEL E 242 WEST 17TH STREET JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEFFIELD, LEROY 3203 RHONE DR JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELDER, MAGGIE L 5013 DONCASTER AVE JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TYSON, FAYE 5670 SHADY PINE ST S JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINKNEY, ALBERT A 924 W 29TH ST JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGES, REGINALD 1107 JACKSON ST JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Diana Alberto 1305 W 24th St Jacksonville Fla 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: P. Evang Ethel E. Clark		Date 4-19-05 Daytime Phone # 3534472	