

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90114 044 ****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 17TH STREET JACKSONVILLE, FL 32206 US				Mailing Address 242 SW 17 ST JACKSONVILLE, FL 32206 US	
2. Principal Place of Business - No P.O. Box # 242 W 17 St		3. Mailing Address 242 W 17 St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212008 Chg-NP CR2E037 (12/06)	
City & State Jacksonville Fla		City & State Jacksonville Fla		4. FEI Number NOT APPLICABLE	
Zip 32206		Country Dupal		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, ESTHELE EVG 242 SW 17 STREET JACKSONVILLE, FL 32209				7. Name and Address of New Registered Agent Name ETHELE CLARK Street Address (P.O. Box Number is Not Acceptable) 242 W 17 St Jacksonville Fla 32206 City FL Zip Code	
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 PEVANG ETHEL CLARK PEVANG ETHEL E. CLARK 4-19-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANG-ETHEL, CLARK 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 ALBERTO, DIANNE 1305 WEST 24TH 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			
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: Evang Ethel E. Clark 4/19/2008 3534472 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					