

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005171

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC6524519797**

**Entity Name:** OR YISRAEL INTERNATIONAL HOUSE OF PRAYER, INC.

**Current Principal Place of Business:**

713 PALMORE CT  
LAKELAND, FL 33813

**Current Mailing Address:**

713 PALMORE CT  
LAKELAND, FL 33813 US

**FEI Number: 20-0974834**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REED, LINDA  
713 PALMORE CT  
LAKELAND, FL 33813 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MARCUM, GABRIELLA  
Address 6225 UPLAND LANE NORTH  
City-State-Zip: MAPLE GROVE MN 55311

Title D  
Name REED, LINDA  
Address 713 PALMORE CT  
City-State-Zip: LAKELAND FL 33813

Title D  
Name SHARON, PREDOVICH PASTOR  
Address 16397 GLORY LANE  
City-State-Zip: EDEN PRAIRIE MN 55344

Title D  
Name HARKEN, CHRIS  
Address 286 W EAGLE LAKE DRIVE  
City-State-Zip: MAPLE GROVE MN 55369

Title D  
Name ADELAIDE, JOHNSTON  
Address 190 TWILIGHT STREET  
City-State-Zip: PALM BAY FL 32907

Title D  
Name TOM, HARLOW  
Address 3761 SOUTH COQUINA COVE WAY #  
106  
City-State-Zip: PALM CITY FL 34990

*I hereby 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 all other like empowered.*

**SIGNATURE: GABRIELLA MARCUM**

**PRESIDENT**

**02/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date