

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000001884

**Entity Name:** HOUSE OF PRAYER STREET MINISTRY, INC.

**Current Principal Place of Business:**

818 COUNTY ROAD 310  
INTERLACHEN, FL 32148

**Current Mailing Address:**

818 COUNTY ROAD 310  
INTERLACHEN, FL 32148

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
515 E PARK AVE  
TALLAHASSEE, FL 32301 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 BELL, MONIA  
Address 818 COUNTY ROAD 310  
City-State-Zip: INTERLACHEN FL 32148

Title V  
Name BELL, DOUG  
Address 818 COUNTY ROAD 310  
City-State-Zip: INTERLACHEN FL 32148

Title TSD  
Name JOHNSON, ROBERT R REV  
Address 818 COUNTY ROAD 310  
City-State-Zip: INTERLACHEN FL 32148

Title D  
Name EZERSKY, IRMA  
Address 818 COUNTY ROAD 310  
City-State-Zip: INTERLACHEN FL 32148

Title D  
Name ROSYPAL, JOSEPH  
Address 106 SPRUCE RD  
City-State-Zip: INTERLACHEN FL 32148

*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:** REV. ROBERT R. JOHNSON

**DIRECTOR**

**03/12/2013**

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

\_\_\_\_\_  
Date