

2015 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 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
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:** MARK WILLIAMS

04/20/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title PRESIDENT
Name BELL, MONIA
Address 818 COUNTY ROAD 310
City-State-Zip: INTERLACHEN FL 32134

Title VICE-PRESIDENT
Name BELL, DOUG
Address 818 COUNTY ROAD 310
City-State-Zip: INTERLACHEN FL 32134

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

Title TREASURER
Name JOHNSON, REV. ROBERT R.
Address 818 COUNTY ROAD 310
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

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date