


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 706996</b> 1. Entity Name ST. TIMOTHY PRAYER HOUSE, INC.	
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Principal Place of Business 6759 RICHARDSON ROAD JACKSONVILLE, FL 32219-3838	Mailing Address 6759 RICHARDSON ROAD JACKSONVILLE, FL 32219-3838
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<b>DO NOT WRITE IN THIS SPACE</b>
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08052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2422028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  JONES, THOMAS C 4849 MISSISSIPPI COURT JACKSONVILLE, FL 32208
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DORETHA 4849 MISSISSIPPI CT JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, BETTY 1995 WEST 5TH STREET JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, THOMAS C 4849 MISSISSIPPI CT JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, GERALDINE 5620 MAHALIA DRIVE JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRINSON, CARLETHA 2486 WHISPERING WOOD BLVD JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000771793 08/10/07-80001-001 70.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**  **08/5/07** **904-765-1960**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #