

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713739

FILED
Apr 16, 2009
Secretary of State

Entity Name: HOUSE OF PRAYER OF JESUS CHRIST OF THE APOSTOLIC FAITH, INC.

Current Principal Place of Business:

8650 N.W. 22ND AVENUE
MIAMI, FL 33147 US

New Principal Place of Business:

New Mailing Address:

13600 N.W. 24TH AVENUE
32
OPA-LOCKA, FL 33054

Current Mailing Address:

1230 NE 139 ST
MIAMI, FL 33161

FEI Number: 23-7346152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZYNE, PHILIP M
1978 BRIDGEWATER DR
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GILCREASE, MAE OLA
Address: 1230 NE 139 ST APT 209
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: HALLMAN, LIZZIE
Address: 15935 NW 27 PL
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: BUTLER, EVELYN
Address: 2521 NW 165 TERRACE
City-St-Zip: OPA LOCKA, FL

Title: VSD () Delete
Name: GHEE, VERONICA
Address: 1372 NW 83 ST
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: JOHNSON, KIMBERLY
Address: 2821 NW 208 TERR
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GILCREASE, MAE OLA
Address: 2371 N.W. 87 STREET
City-St-Zip: MIAMI, FL 33147

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BUTLER, EVELYN
Address: 2521 NW 165 TERRACE
City-St-Zip: OPA LOCKA, FL 33054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VERONICA GHEE

VSD

04/16/2009

Electronic Signature of Signing Officer or Director

Date