2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# 714847

Entity Name: HOUSE OF PRAYER OF APOSTOLIC FAITH, INC.

Current Principal Place of Business:

2445 N.W 62ND STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1005 NE 92 STREET
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 59-6170398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WATSON, ALBERT
1005 NE 92 ST
MIAMI SHORES, FL 33138 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:	P/D	( ) Delete
Name:	WATSON, ALBERT JR.,	
Address:	1005 NE 92 STREET	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:	V/D	( ) Delete
Name:	CURRY, JAMES	
Address:	2445 W. 62 ST	
City-St-Zip:	MIAMI, FL 33147	
Title:	SD	( ) Delete
Name:	BRINSON, CONNIE	
Address:	2445 NW 62 ST	
City-St-Zip:	MIAMI, FL 33147	
Title:	TD	(X) Delete
Name:	WATSON, GWENDOLYN	
Address:	2445 NW 62 ST	
City-St-Zip:	MIAMI, FL 33147	
Title:	D	(X) Delete
Name:	DAVIS, LEVOID	
Address:	2445 NW 62ND ST	
City-St-Zip:	MIAMI, FL 33147	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	STD	(X) Change ( ) Addition
Name:	GOODSON, GWENDOLYN R	
Address:	2445 NW 62 ST	
City-St-Zip:	MIAMI, FL 33147	
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: ALBERT WATSON JR PD 05/05/2008

Electronic Signature of Signing Officer or Director — Date