## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#717440**

FILED Apr 27, 2005 Secretary of State

Entity Name: THE HOUSE OF PRAYER, INC.

Current Principal Place of Business:			New Pr	New Principal Place of Business:		
7205 52ND P.O. BOX 2 PINELLAS		4665				
Current Mailing Address:				New Mailing Address:		
7205 52ND P.O. BOX 2 PINELLAS	ST., N. 2256 PARK, FL 3	4665				
FEI Number:	59-2399683	FEI Number Applied	For ( ) FEI Number Not A	applicable ( )	Certificate of Status Desired (X)	
Name and	Address of	Current Registered	Agent: Name a	nd Address of N	lew Registered Agent:	
	, DENNIS STREET NO RSBURG, FL					
The above in the State		submits this stateme	nt for the purpose of changir	ng its registered o	ffice or registered agent, or both,	
SIGNATUR	RE:					
	Electro	onic Signature of Regi	stered Agent		Date	
OFFICERS	AND DIREC	CTORS:	ADDITI	ONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S ( BURKE, BETT 3750-68TH AV PINELLAS PA	/ENUE N.	Title: Name: Address: City-St-Zi		Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( SWAILS, DEE 6322-33RD W ST PETERSB	/AY N.	Title: Name: Address: City-St-Zi		Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( BURKE, JAME 270 43 AVE N ST PETERSB	E	Title: Name: Address: City-St-Zi	. ,	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SWAILS, TER 6322 33 WAY		Title: Name: Address: City-St-Zi		Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( BURKE, PAUL 270 43 AVE N ST PETE, FL		Title: Name: Address: City-St-Zi	. ,	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( FESWAILS, T 4300 72 AVE PINELLAS PA	N	Title: Name: Address: City-St-Zi	. ,	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETTY BURKE S 04/27/2005