

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 11, 2009
Secretary of State

DOCUMENT# 727634

Entity Name: INDEPENDENT HOUSE OF PRAYER OF ZELLWOOD, INC.**Current Principal Place of Business:**6416 WILLOW STREET
MOUNT DORA, FL 32757**New Principal Place of Business:**6416 WILLOW STREET
ZELLWOOD, FL 32798**Current Mailing Address:**PO BOX 1144
ZELLWOOD, FL 32798**New Mailing Address:****FEI Number:** 59-2267973**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BLACK, WILLIE S
2368 PARTINRSHIP HILL DR
APOPKA, FL 32712 US**Name and Address of New Registered Agent:**BLACK, WILLIE S
2368 PARTNERSHIP HILL DR
APOPKA, FL 32712 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: WILLIE S. BLACK

06/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: REYNOLDS, LUCY LEE
Address: HULLY ST.
City-St-Zip: ZELLWOOD, FL

Title: PD () Delete
Name: SEXTON, MAY ETTA S.
Address: WILLOW ST.
City-St-Zip: ZELLWOOD, FL

Title: VD () Delete
Name: JOHNSON, LUCY LEE
Address: HULLY ST.
City-St-Zip: ZELLWOOD, FL

Title: PD () Delete
Name: SEXTON, MAY ETTA S.
Address: WILLOW ST.
City-St-Zip: ZELLWOOD, FL

Title: PD (X) Delete
Name: BLACK, WILLIE S
Address: 2368 PRINRSHIP HILL DR
City-St-Zip: APOPKA, FL 32712

Title: S (X) Delete
Name: REYNOLDS, GWENDOLYN
Address: 3679 MOHAWK D
City-St-Zip: ZELLWOOD, FL 32798

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BISH (X) Change () Addition
Name: BLACK, WILLIE S
Address: 2368 PARTNERSHIP HILLS DR.
City-St-Zip: APOPKA, FL 32712

Title: BISH (X) Change () Addition
Name: WILSON, COY
Address: 7430 HOLLY ST.
City-St-Zip: ZELLWOOD, FL 32798

Title: MOTH (X) Change () Addition
Name: SIRMAN, LUCY LEE
Address: HOLLY ST.
City-St-Zip: ZELLWOOD, FL 32798

Title: MIN (X) Change () Addition
Name: DAWSON, GWENDOLYN
Address: 3679 MOHAWK DR.
City-St-Zip: ZELLWOOD, FL 32798

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: WILLIE S. BLACK

BISH

06/11/2009

Electronic Signature of Signing Officer or Director

Date