

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 733763

1. Entity Name
THE HOUSE OF PRAYER PENTECOST CHURCH, INC.



Principal Place of Business
**3902 AVENUE S
FT PIERCE, FL 34947-5645**

Mailing Address
**3902 AVENUE S
FT PIERCE, FL 34947-5645**



07032004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1631011

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KELLAM, SABRINA LYLES
3902 AVENUE S
FORT PIERCE, FL 34947**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000164678
07/08/04-20019-019 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RICHARDSON, LEOLA
STREET ADDRESS 3902 AVE. S.
CITY-ST-ZIP FT. PIERCE, FL

TITLE S
NAME WATSON, MABEL
STREET ADDRESS 431 N. 20TH ST.
CITY-ST-ZIP FT. PIERCE, FL

TITLE T
NAME RICHARDSON, JOE
STREET ADDRESS 3902 AVE. S.
CITY-ST-ZIP FT. PIERCE, FL

TITLE D
NAME HILLS, BERTHA
STREET ADDRESS 1406 N. 22ND ST.
CITY-ST-ZIP FT. PIERCE, FL

TITLE D
NAME MCKINLEY, BEATRICE
STREET ADDRESS 1509 N. 39TH ST.
CITY-ST-ZIP FT. PIERCE, FL

TITLE S
NAME KELLAM, SABRINA L
STREET ADDRESS 3902 AVENUE S.
CITY-ST-ZIP FT. PIERCE, FL 34947

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 full other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/04/04 (772) 461-8418