2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# 733763

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

Current Principal Place of Business:

3902 AVENUE S
FT PIERCE, FL 349475645

New Principal Place of Business:

3300 AVENUE L
FT PIERCE, FL 349475645

Current Mailing Address:

3902 AVENUE S
FT PIERCE, FL 349475645

New Mailing Address:

3403 AVENUE K
FT PIERCE, FL 349475645

FEI Number: 59-1631011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MONROE, CHARLES E
3403 AVENUE K
FORT PIERCE, FL 34947 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: CHARLES E. MONROE 02/21/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RICHARDSON, LEOLA,
Address: 3902 AVE. S.
City-St-Zip: FT. PIERCE, FL

Title: S ( ) Delete
Name: WATSON, MABEL,
Address: 431 N. 20TH ST.
City-St-Zip: FT. PIERCE, FL

Title: T ( ) Delete
Name: RICHARDSON, JOE,
Address: 3902 AVE. S.
City-St-Zip: FT. PIERCE, FL

Title: D ( ) Delete
Name: HILLS, BERTHA,
Address: 1406 N. 22ND ST.
City-St-Zip: FT. PIERCE, FL

Title: D ( ) Delete
Name: MCKINLEY, BEATRICE,
Address: 1509 N. 39TH ST.
City-St-Zip: FT. PIERCE, FL

Title: S ( ) Delete
Name: KELLAM, SABRINA L
Address: 3902 AVENUE S.
City-St-Zip: FT. PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: MONROE, CHARLES E.,
Address: 3403 AVE. K.
City-St-Zip: FT. PIERCE, FL

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

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 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: CHARLES E. MONROE D 02/21/2007
Electronic Signature of Signing Officer or Director Date