NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 742493

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FILED Feb 12, 2007 08:00 AM

CHURCH	HOF HOUSE OF PRAYER, II	NC.		Secret	tary of State	
Principal Place of Business ' Mailing Address					•	
CHURCH C 416 SOUTH BELLE GLA US	OF THE HOUSE OF PRAYER, INC. HWEST AVENUE C ADE FL 33430	908 S.W. AVENUE " BELLE GLADE FL 33	C" PLACE 8430-3225			
2. Principal i	Place of Business - No P.O. Box #	3. Mailing Address			61641 61811 91811 91811 91811181 91 1891	
Suito, Apt. #, etc		Suito, Apt. #, etc.		1st MOORE CR2E	037 (10/06)	
City & State		City & State		4. FEI Number Applied For 59-1813956 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
HESTER, EVA			Namo Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
908 SW AVE C PLACE BELLE GLADE FL 33430						
			City	City FL Zip Code		
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 epolicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW: FEE IS \$61.25 Due By May 1, 2007 9. Election Campaign I Trust Fund Contribu					eck Payable to partment of State	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HESTER, EVA (PASTOR) 908 S.W. AVE."C" PL. BELLE GLADE FL	☐ Delete	NAME SIREET ADDRESS CHY-SI-7IP	U00000632373 02/21/07-80019-	□ Change □ Addition } 015 61.25	
TITLE NAME STRELT ADDRESS CITY-ST-ZIP	V OTIS, ANTHONY (BISHOP) 1124 N.E. 21ST STREET BELLE GLADE FL	☐ Delete	IIIIE NAME SIREEI ADDRESS CITY-SI-7/P		Change Addition	
NAME STREET ADDRESS CITY-S1-ZIP	SD OTIS, CHARLYNE 1124 N.E. 21ST STREET BELLE GLADE FL	☐ Deleic	INTE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ AddHlon	
THILE NAME STRICT ADDRESS CITY-ST-ZIP	D HESTER, DONALD 288 PARKVIEW COURT (P.O. BO) PAHOKEE FL 33476	☐ Delete	TITLE NAME STREET ADDRESS C(TY-SI-ZIP	p.a.	Change Addition	
NAME STREET ADDRESS CITY-ST-71P	D HESTER, WILLIE 364 BANYAN AVE PAHOKEE FL 33476	☐ Delete	TITLL NAME STREET ADDRESS CTY-ST-ZIP		☐ Change ☐ Addition	
HILE NAME STREET ADDRESS	D SINGLETON, HENRY 8185 BELVEDERE ROAD-APT 30	☐ Delete	TITLE NAME SIREFLADORESS		Change Addition	

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes: | further cortify 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 all other like empowered.

CITY-ST-ZIP

SIGNATURE: 4

WEST PALM BEACH FL 33411

2/10/2007