

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90028 049 *****70.00

DOCUMENT # 742493

1. Entity Name

CHURCH OF HOUSE OF PRAYER, INC.



Principal Place of Business

CHURCH OF THE HOUSE OF PRAYER, INC.
416 SOUTHWEST AVENUE C
BELLE GLADE FL 33430
US

Mailing Address

908 S.W. AVENUE "C" PLACE
BELLE GLADE FL 33430-3225

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1813956

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HESTER, EVA
908 SW AVE C PLACE
BELLE GLADE FL 33430

Name

Street Address (P.O. Box Number is Not Acceptable)

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 applicable.

(NOTE: Registered Agent signature item is red when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME HESTER, EVA (PASTOR) ☐ Delete
STREET ADDRESS 908 S.W. AVE. "C" PL.
CITY-ST-ZIP BELLE GLADE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME OTIS, ANTHONY (BISHOP) ☐ Delete
STREET ADDRESS 1124 N.E. 21ST STREET
CITY-ST-ZIP BELLE GLADE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME OTIS, CHARLYNE ☐ Delete
STREET ADDRESS 1124 N.E. 21ST STREET
CITY-ST-ZIP BELLE GLADE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HESTER, DONALD ☒ Delete
STREET ADDRESS 288 PARKVIEW COURT (P.O. BOX 504)
CITY-ST-ZIP PAHOKEE FL 33476

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HESTER, WILLIE ☐ Delete
STREET ADDRESS 364 BANYAN AVE
CITY-ST-ZIP PAHOKEE FL 33476

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SINGLETON, HENRY ☒ Delete
STREET ADDRESS 8185 BELVEDERE ROAD-APT. 308
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

SIGNATURE:

Charlyne Otis / Charlyne Otis

1/30/08