

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742493

FILED
Feb 21, 2009
Secretary of State

Entity Name: CHURCH OF HOUSE OF PRAYER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

908 S.W. AVENUE "C" PLACE
BELLE GLADE, FL 334303225

New Mailing Address:

1124 NE 21ST STREET
BELLE GLADE, FL 33430

FEI Number: 59-1813956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HESTER, EVA (PASTOR),
Address: 908 S.W. AVE.
City-St-Zip: BELLE GLADE, FL

Title: V () Delete
Name: OTIS, ANTHONY (BISHOP, P)
Address: 1124 N.E. 21ST STREET
City-St-Zip: BELLE GLADE, FL

Title: SD () Delete
Name: OTIS, CHARLYNE,
Address: 1124 N.E. 21ST STREET
City-St-Zip: BELLE GLADE, FL

Title: D () Delete
Name: HESTER, WILLIE
Address: 364 BANYAN AVE
City-St-Zip: PAHOKEE, FL 33476

Title: D (X) Delete
Name: SINGLETON, HENRY
Address: 8185 BELVEDERE ROAD-APT. 308
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HESTER, EVA (PASTOR),
Address: 908 S.W. AVE.
City-St-Zip: BELLE GLADE, FL 33430 US

Title: V (X) Change () Addition
Name: OTIS, ANTHONY (BISHOP, P)
Address: 1124 NE 21ST STREET
City-St-Zip: BELLE GLADE, FL 33430 US

Title: SD (X) Change () Addition
Name: OTIS, CHARLYNE,
Address: 1124 N.E. 21ST STREET
City-St-Zip: BELLE GLADE, FL 33430 US

Title: D (X) Change () Addition
Name: HESTER, WILLIE
Address: 364 BANYAN AVE
City-St-Zip: PAHOKEE, FL 33476 US

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: CHARLYNE OTIS

SD

02/21/2009

Electronic Signature of Signing Officer or Director

Date