2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90266 010 ****75.00

DOCUMENT # 748147

1. Entity Name
THE SEVEN HOURS HOLINESS CHURCH, INTERNATIONAL HOUSE OF ISRAEL AND THE HOUSE OF PRAYER, HOLY PRA

Principal Place of Business	Mailing Address
242 W 17 ST JACKSONVILLE, FL 32206 US	242 SW 17 ST JACKSONVILLE, FL 32206 US

01182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
242 w 17 St	242. W,17. St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville	City & State: Jacksonville Fla
Zip: 32206 Country: Duval	Zip: 32206 Country: Duval

4. FEI Number: NOT APPLICABLE — ☐ Applied For ☑ Not Applicable

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
CLARK, ETHEL E 242 W 17 ST JACKSONVILLE, FL 32206	Name: P Evang Ethel E Clark Street Address (P.O. Box Number is Not Acceptable): 242 W. 17. St City: Jacksonville Fla FL Zip Code 32206

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: P. Evang. Ethel. E. Clark — 4-19-05
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 May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLARK, ETHEL E Evang 242 WEST 17TH STREET JACKSONVILLE, FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Diana Albertie 1305 w 24th St Jacksonville Fla 32209	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHEFFIELD, LEROY 3203 RHONE DR JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FELDER, MAGGIE L 5013 DONCASTER AVE JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TYSON, FAYE 5670 SHADY PINE ST S JACKSONVILLE, FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINKNEY, ALBERT A 924 W 29TH ST JACKSONVILLE, FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIDGES, REGINALD 1107 JACKSON ST JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: P Ethel E Clark — 4-19-05 — RN 3534477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #