

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90277 008 ****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 242 W 17 ST JACKSONVILLE, FL 32206 US	
2. Principal Place of Business 242 W 17 St Suite, Apt. #, etc.		3. Mailing Address 242 SW 17 ST JACKSONVILLE, FL 32206 US	
City & State Jacksonville Fla Zip 32206 Country <i>Dual</i>		City & State Jacksonville Fla Zip 32206 Country <i>Dual</i>	
4. FEI Number NOT APPLICABLE		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, ETHELE 242 W 17 ST JACKSONVILLE, FL 32206 <i>Evang Ethel E Clark</i> <i>242 W 17 St</i> <i>Jacksonville Fla</i> <i>32206</i>		7. Name and Address of New Registered Agent Name <i>Johanna M Batten</i> Street Address (P.O. Box Number is Not Acceptable) <i>2123 W 17 St</i> <i>Jacksonville Fla 32209</i> City <i>Jacksonville</i> State <i>Fla</i> Zip Code <i>32209</i>	
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 <i>Evang Ethel Elizabeth Clark</i> Signature, typed or printed name of registered agent and title if applicable.		DATE <i>4-24-2006</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	
\$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 CLARK, ETHEL STREET ADDRESS 242 WEST 17TH STREET CITY-ST-ZIP JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE <i>P. Evang Ethel E Clark</i> NAME <i>242 W 17 St</i> STREET ADDRESS <i>Jacksonville Fla 32206</i> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME SHEFFIELD, LEROY STREET ADDRESS 3203 RHONE DR CITY-ST-ZIP JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME FELDER, MAGGIE L STREET ADDRESS 5013 DONCASTER AVE CITY-ST-ZIP JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME TYSON, FAYE STREET ADDRESS 5670 SHADY PINE ST S CITY-ST-ZIP JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PINKNEY, ALBERT A STREET ADDRESS 924 W 29TH ST CITY-ST-ZIP JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete	TITLE <i>D Johanna M Batten</i> NAME <i>2123 W 17 St</i> STREET ADDRESS <i>Jacksonville Fla 32209</i> CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BRIDGES, REGINALD STREET ADDRESS 1107 JACKSON ST CITY-ST-ZIP JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Evang Ethel E Clark</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4-24-2006</i> Daytime Phone #	