

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763495

FILED
Sep 13, 2007
Secretary of State

Entity Name: THE HOUSE OF PRAYER OF THE LIVING GOD, INC.

Current Principal Place of Business:

401 SOUTH 2ND STREET
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

PO BOX 1536
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 59-3491280 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JENKINS, DOROTHY M
PO BOX 1536
IMMOKALEE, FL 34143 US

Name and Address of New Registered Agent:

JENKINS, DOROTHY M
619 N 9TH STREET
IMMOKALEE, FL 34142 US

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: _____

09/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JENKINS, DOROTHY M
Address: 2650 GULF SHORE BLVD N #603 PO BOX 1536
City-St-Zip: IMMOKALEE, FL 34143

Title: VSTD () Delete
Name: JENKINS, VICTORIA
Address: 619 N. 9TH STREET PO BOX 5075
City-St-Zip: IMMOKALEE, FL 34143

Title: VD () Delete
Name: BURTON-ERVIN, GLENDA
Address: 420 VALLEY DRIVE
City-St-Zip: LEHIGH, FL 33936

Title: V () Delete
Name: ARMSTRONG, LUCILLE
Address: SE 11TH STREET
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JENKINS, DOROTHY M
Address: 619 N 9TH STREET
City-St-Zip: IMMOKALEE, FL 34142 US

Title: VSTD (X) Change () Addition
Name: JENKINS, VICTORIA
Address: 619 N 9TH STREET
City-St-Zip: IMMOKALEE, FL 34142 US

Title: VD (X) Change () Addition
Name: BURTON-ERVIN, GLENDA
Address: 420 VALLEY DRIVE
City-St-Zip: LEHIGH, FL 33936 US

Title: V (X) Change () Addition
Name: ARMSTRONG, LUCILLE
Address: 408 SE 11TH STREET
City-St-Zip: IMMOKALEE, FL 34142

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: VICTORIA JENKINS

VSTD

09/13/2007

Electronic Signature of Signing Officer or Director

Date