

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763495

FILED
Apr 30, 2009
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WASHINGTON, 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: DOROTHY M WASHINGTON

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WASHINGTON, DOROTHY M
Address: 619 N 9TH STREET
City-St-Zip: IMMOKALEE, FL 34142 US

Title: VTSD () Delete
Name: CARR, VICTORIA
Address: 619 N 9TH STREET
City-St-Zip: IMMOKALEE, FL 34142 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VICTORIA CARR

VTSD

04/30/2009

Electronic Signature of Signing Officer or Director

Date