


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90003 006 ****61.50

DOCUMENT # 764070 1. Entity Name HOUSE OF PRAYER HOLINESS CHURCH, INC.					
Principal Place of Business C/O CLAUDIE MAE HILL 825 S.E. 7TH PLACE LAKE BUTLER, FL 32054				Mailing Address PO BOX 203 LAKE BUTLER, FL 32054 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2832121	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HILL, CLAUDIE MAE 845 S.E. 7TH PLACE LAKE BUTLER, FL 32054				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDER, BETTY JEAN		NAME		
STREET ADDRESS	P.O. BOX 9 N/A		STREET ADDRESS		
CITY - ST - ZIP	LAKE BUTLER, FL		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, ZANDER		NAME		
STREET ADDRESS	RT 1, BOX 2900		STREET ADDRESS		
CITY - ST - ZIP	STARKE, FL		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, ETHEL		NAME		
STREET ADDRESS	P.O. BOX 601 N/A		STREET ADDRESS		
CITY - ST - ZIP	LAKE BUTLER, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, GRADY		NAME		
STREET ADDRESS	P.O. BOX 601 N/A		STREET ADDRESS		
CITY - ST - ZIP	LAKE BUTLER, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, LUCILLE		NAME		
STREET ADDRESS	145 SW 9TH AVENUE		STREET ADDRESS		
CITY - ST - ZIP	LAKE BUTLER, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMALL, ALMA S		NAME		
STREET ADDRESS	846 SE 1ST STREET		STREET ADDRESS		
CITY - ST - ZIP	LAKE BUTLER, FL		CITY - ST - ZIP		
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: ALEXANDER BETTY JEAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5/16/05 <small>Daytime Phone #</small>		