

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764070

FILED  
May 29, 2009  
Secretary of State

**Entity Name:** HOUSE OF PRAYER HOLINESS CHURCH, INC.

**Current Principal Place of Business:**

C/O CLAUDIE MAE HILL  
825 S.E. 7TH PLACE  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 203  
LAKE BUTLER, FL 32054 US

**New Mailing Address:**

**FEI Number:** 59-2832121 **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:**

**Name and Address of New Registered Agent:**

HILL, CLAUDIE MAE  
845 S.E. 7TH PLACE  
LAKE BUTLER, FL 32054 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALEXANDER, BETTY JEAN  
Address: P.O. BOX 9 N/A  
City-St-Zip: LAKE BUTLER, FL

Title: SD ( ) Delete  
Name: YOUNG, ZANDER  
Address: RT 1, BOX 2900  
City-St-Zip: STARKE, FL

Title: TD ( ) Delete  
Name: JACKSON, ETHEL  
Address: P.O. BOX 601 N/A  
City-St-Zip: LAKE BUTLER, FL

Title: D ( ) Delete  
Name: JACKSON, GRADY  
Address: P.O. BOX 601 N/A  
City-St-Zip: LAKE BUTLER, FL

Title: D ( ) Delete  
Name: JONES, LUCILLE  
Address: 145 SW 9TH AVENUE  
City-St-Zip: LAKE BUTLER, FL

Title: D ( ) Delete  
Name: SMALL, ALMA S  
Address: 846 SE 1ST STREET  
City-St-Zip: LAKE BUTLER, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ALEXANDER, BETTY JEAN  
Address: 735 SOUTH EAST 10TH STREET  
City-St-Zip: LAKE BUTLER, FL

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:

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: CLAUDIE MAE HILL

C/O

05/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date