

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90055 011 ****61.25

DOCUMENT # 765505 1. Entity Name MOTHER OF GOD HOUSE OF PRAYER, INC.					
Principal Place of Business 17880 CYPRESS CREEK RD. ALVA, FL 33920			Mailing Address 17880 CYPRESS CREEK RD. ALVA, FL 33920		
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 59-2226813	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSS, PATRICIA E 17880 CYPRESS CR RD ALVA, FL 33920				7. Name and Address of New Registered Agent Name CAROL A. BEEVERS Street Address (P.O. Box Number is Not Acceptable) 17880 CYPRESS CREEK RD. City ALVA FL Zip Code 33920	
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 <u><i>Carol A. Beavers</i></u> CAROL A. BEEVERS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CO-DIRECTOR 1-19-06 DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P PATRICIA, DAVIS 212 NAPA RIDGE RD E. NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WALTER FOHS 18064 HORSESHOE BAY CR. FORT MYERS, FL. 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BETTY, HARTZLER 14661 BALD EAGLE DR. FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOAN WOOLAM 3583 EDGE WOOD AVE. FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTINE, CARGNONI 1840 LES CHATEAUX BLVD. #101 NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, PATRICIA E 17880 CYPRESS CREEK ROAD ALVA, FL 33920	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DORIE HARTTER 5687 CAPT. JOHN SMITH LOOP #142 NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, JAMESINE 17880 CYPRESS CREEK DR ALVA, FL 33920	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition CO-DIRECTOR CAROL A. BEEVERS 17880 CYPRESS CREEK RD. ALVA, FL. 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 exemptions contained 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 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: <u><i>Carol A. Beavers</i></u> CAROL A. BEEVERS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CO-DIRECTOR 1-19-06 (239) 728-3614 Date Daytime Phone #					