## 2007 NOT-FOR-PROFIT CORPORATION

ALVA, FL 33920

CITY-ST-ZIP

STREET ADDRESS

TITLE

## Mar 05, 2007 8:00 am Secretary of State ANNUAL REPORT 03-05-2007 90040 015 \*\*\*\*61.25 **DOCUMENT #765505** MOTHER OF GOD HOUSE OF PRAYER, INC. Principal Place of Business Mailing Address 17880 CYPRESS CREEK RD. 17880 CYPRESS CREEK RD. ALVA, FL 33920 ALVA, FL 33920 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number Applied For City & State 59-2226813 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEEVERS, CAROL A 17880 CYPRESS CR RD Street Address (P.O. Box Number is Not Acceptable) ALVA, FL 33920 Zip Code 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 \_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algosture required when reinstating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Delete Change . ☐ Addition TITLE TITLE FOHS, WALTER FONS, WALTER NAME NAME 18064 HORSESHOE BAY DR. STREET ADDRESS STREET ADDRESS 18064 HORSESHOE BAY CIRCLE FORT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33912 TITLE VΡ ☐ Delete VP Change ☐ Addition WOOLAM, JOAN LOY, BILL NAME NAME 3583 EDGEWOOD AVE. STREET ADDRESS STREET ADDRESS 1861 WINKLER AVE FORT MYERS, FL 33916 CITY-ST-ZIP CITY-ST-ZIP FORT MIERS, FL 33901 Change ☐ Addition Delete TITLE TITLE WESTER, BRENDA CHRISTINE, CARGNONI NAME HAME STREET ADDRESS 1840 LES CHATEAUX BLVD. #101 STREET ADDRESS 2301 LEAVITT RO. NAPLES, FL 34109 CITY - ST - ZIP CITY-ST-ZIP ALVA, FL 33910 Change ☐ Addition ☐ Delete TITLE HARTTER, DORIE NAME NAME rooks, sharon 5687 CAPT. JOHN SMITH LOOP #142 STREET ADDRESS STREET ADDRESS 5209-1 CE DARBEMO DR. NORTH FORT MYERS, FL 33917 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33919 Change ☐ Addition ☐ Delete TITLE **BUDIR** TITLE NAME BEEVERS, CAROL A NAME BEEVERS, LAROL A. 17880 CYPRESS CREEK DR STREET ADDRESS ITEBO CYPRESS CREEK DR. STREET ADDRESS

FILED

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

ALVA FL 33920

Change

☐ Addition

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 239-728-3614