


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 767835 1. Entity Name THE HOUSE OF PRAYER PENTECOSTAL HOLINESS, INC.	
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Principal Place of Business 506 NORTH 1ST STREET CHURCH LAKE WALES, FL 33853	Mailing Address P.O. BOX 1436 LAKE WALES, FL 33859
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DO NOT WRITE IN THIS SPACE

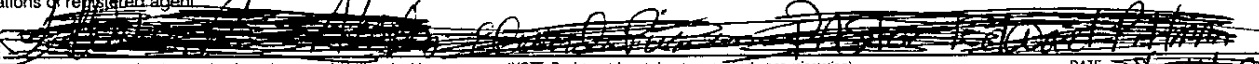


08082006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2363612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PITTMAN, EDWARD 4224 CARILLON CT LAKE WALES, FL 33853	DO NOT WRITE IN THIS SPACE
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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:  DATE: 8-17-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, EDWARD PASTOR 1007 STATE RD 60 EAST LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSE, ANDREA 805 WHSPER LAKE COURT WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, LONNIE SR 318 MOBLEY AVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALEXIS, FLORIA P 2970 FAST TROT TRAIL LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WITHERSPOON, LUE 209 WEST PARK AVE APT A LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEEKES, KATHERINE 1426 LAKE VIEW LAKE WALES, FL 33853

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08/17/06-80001-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 8-14-06 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR