


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90110 025 ****61.25

DOCUMENT # 767835					
1. Entity Name THE HOUSE OF PRAYER PENTECOSTAL HOLINESS, INC.					
Principal Place of Business 506 NORTH 1ST STREET CHURCH LAKE WALES, FL 33853			Mailing Address P.O. BOX 1436 LAKE WALES, FL 33859		
2. Principal Place of Business - No P.O. Box # 506 north 1st street			3. Mailing Address P.O. BOX 1436		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State LAKE WALES, FLA.		City & State LAKE WALES FLA.		4. FEI Number 59-2363612	
Zip 33853		Country United States		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>(Pass) Edward Pittman</i> <i>Edward Pittman</i> 5-28-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE					
Filing Fee is \$61.25 Due by September 14, 2007		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					
TITLE D NAME PITTMAN, EDWARD PASTOR STREET ADDRESS 1007 STATE RD 60 EAST CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete				
TITLE T NAME MOSE, ANDREA STREET ADDRESS 805 WHISPER LAKE COURT CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete				
TITLE D NAME PITTMAN, LONNIE SR STREET ADDRESS 318 MOBLEY AVE CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete				
TITLE S NAME ALEXIS, FLORIA P STREET ADDRESS 2970 FAST TROT TRAIL CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete				
TITLE T NAME WITHERSPOON, LUE STREET ADDRESS 209 WEST PARK AVE APT A CITY-ST-ZIP LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete				
TITLE T NAME LEEKES, KATHERINE STREET ADDRESS 1426 LAKE VIEW CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FLORIA P. Peterson 2970 FAST TROT TRAIL LAKE WALES FL 33853				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edward C Pittman GR. 220 GRANT STREET LAKE WALES FL 33853				
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: <i>Floria P. Peterson</i> <i>Floria P. Peterson</i> 5-28-07-863-676-0949 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					