

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767835

FILED
Mar 25, 2009
Secretary of State

Entity Name: THE HOUSE OF PRAYER PENTECOSTAL HOLINESS, INC.

Current Principal Place of Business:

506 NORTH 1ST STREET
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1436
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 59-2363612 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PITTMAN, EDWARD
4224 CARILLON CT
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

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: D () Delete
Name: PITTMAN, EDWARD PASTOR
Address: 1007 STATE RD 60 EAST
City-St-Zip: LAKE WALES, FL 33853

Title: T () Delete
Name: MOSE, ANDREA
Address: 805 WHSPER LAKE COURT
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: PETERSON, FLORIA P
Address: 2970 E TROT TRAIL
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: PITTMAN, LONNIE
Address: 318 MOBLEY AVE
City-St-Zip: LAKE WALES, FL 33853

Title: T () Delete
Name: PITTMAN, EDWARD
Address: 220 GRANT ST
City-St-Zip: LAKE WALES, FL 33853

Title: T () Delete
Name: LEEKS, KATHERINE
Address: 1426 LAKE VIEW
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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City-St-Zip:

Title: () Change () Addition
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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: FLORIA P, PETERSON

SECR

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date