

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 768353

1. Entity Name
**THE HOUSE OF PRAISE INDEPENDANT CHURCH OF
GOD IN CHRIST, INC.**



Principal Place of Business

**217 LAKEVIEW DRIVE
CRESTVIEW, FL 32536 US**

Mailing Address

**217 LAKEVIEW DRIVE
CRESTVIEW, FL 32536 US**

DO NOT WRITE IN THIS SPACE



04062004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2172093

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RADFORD, GLORIA C.
108 JAMES ST
CRESTVIEW, FL 32536**

**DO NOT WRITE
IN THIS SPACE**

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 signature required when re-stating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RADFORD, SAMMIE SR 108 JAMES ST CRESTVIEW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMAS, L W 397 BOOKER ST. CRESTVIEW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RADFORD, GLORIA 108 JAMES ST CRESTVIEW FL 00000, 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000107730
04/09/04-80026-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sammie Radford Sr.
Sammie Radford Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04 '850'682-4621

Date

Daytime Phone #