2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003354

FILED Mar 25, 2009 Secretary of State

Entity Name: OUR LADY QUEEN OF PEACE HOUSE OF PRAYER INC.

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Current Principal Place of Business:				New Principal Place of Business:		
	1ELESS ROAD TX 78641902					
Current Mailing Address:				New Mailing Address:		
	1ELESS ROAD TX 78641902					
FEI Number:	61-1512004	FEI Number Applied	For () FEI Nur	nber Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered	Agent:	Name and	Address of New Registered Agent:	
2745 OMEO NORTH PA	ALM BEACH, F		nt for the purpose o	of changing it	s registered office or registered agent, or both,	
in the State						
SIGNATUR		a Signatura of Dagi	stored Agent		Data	
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS:				Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () ANKENBAUER, I 23700 NAMELES LEANDER, TX 7	SS ROAD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HABA, DAVID PO BOX 103 HUMBOLDT, KS	Delete 66748		Title: Name: Address: City-St-Zip:	D (X) Change () Addition MAY, RENE 5620 SW WANAMAKER TOPEKA, KS 66610	
Title: Name: Address: City-St-Zip:	SEELINGER, JE 2745 OMEGA PI			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ZIMBRIE, DAVIE 320 WEBSTER S ST. PAUL, MN 5	STREET		Title: Name: Address: City-St-Zip:	D (X) Change () Addition ZIMBRIC, DAVID 320 WEBSTER STREET ST. PAUL, MN 55102	
Title: Name: Address: City-St-Zip:	D (X) MAY, RENE 5620 SW WANA TOPEKA, KS 66			Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JEAN SEELINGER D 03/25/2009