2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 08:00 AN Secretary of State

1. Entity Nan THE UNI THE CHU FAITH, IN	TED HOUSE OF PRAYER FOR A JRCH ON THE ROCK OF THE AI NC.		Secreta	iry o	i State			
1665 NORTI	ce of Business Mail H PORTAL DRIVE, NW 16 N, DC 20012 WA	RIVE, NW 2						
2. Principal F	Place of Business 3. M							
Suite, Apt. #, etc.		Suite Apt. #. etc		04112005 Chg	NP CR2E037	' (10/03)		
City & State		City & State		4. FEI Number 52-0783336	336 Applied For Not Applicable			
Ζιρ		lip l	Country	5. Certificate of Statu		8.75 Add ee Required	litional	
	6. Name and Address of Current Registe	Name	7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Address	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 Signature, your or printed name of registered agent and title 4 spot-Cable (NOTE Registered Agent) signature required when reinstating) DATE								
	Filing Fee is \$61.25 Due by May 1, 2005	aign Financing	\$5.00 May Be Added to Fees	lay Be Make check payable to Florida Department of State				
10.	OFFICERS AND DIRECTORS 11.		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCEO MADISON, BISHOP S.C. 1665 NORTH PORTAL DR., N.W. WASHINGTON, DC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	()4/	- 1 <mark>00000033</mark> 0500 125705-80165-4	□ Change	Addition		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	SGA PRICE, R APOSTLE 1665 N PORTAL DR NW WASHINGTON, DC 20012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		{	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		(☐ Cnange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		I	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP]	Change	Addition	
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: SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING DESIGNAR PRINTED NAME OF SIGNI								