2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2006 08:00 AM Secretary of State

| DOCU | MENT | #F950 | 000 | 000 | 4273 |
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1. Entity Namy

THE UNITED HOUSE OF PRAYER FOR ALL PEOPLE OF THE CHURCH ON THE ROCK OF THE APOSTOLIC FAITH, INC.



Principal Place of Business

1665 NORTH PORTAL DRIVE, NW WASHINGTON, DC 20012 Mailing Address

1665 NORTH PORTAL DRIVE, NW WASHINGTON, DC 20012



DO NOT WRITE IN THIS SPACE

03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 52-0783336

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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 regrestered agent and liftle 4 applicable (MOTE Registered Agent signature required when reinstating) OATE | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2006 | Election Campaign Financing Trust Fund Cantribution. | <u> </u> | \$5.00 May Be Added to Fees | U00000476206 04/05/06-80048-004 61.25 | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | TCEO MADISON, BISHOP S.C. 1665 NORTH PORTAL DR., N.W. WASHINGTON, DC | | | | , | | | |
| Hill Name Street Address City-St-Zip | SGA PRICE, R APOSTLE 1665 N PORTAL DR NW WASHINGTON, DC 20012 | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE IN THIS SPACE | | | | | |
| 1) TLE NAME SIREEI ADDRESS CITY-ST-ZIP | | | | | | | | |
| Title Name Street address Gity-57-20° | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| 12. I trereby 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 supplied point is true and accurate and that my signature shall have the same legal effect as it made under gain that I am as officer or director. | | | | | | | | |

12. Utereby 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 fixed 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

BULLED SE MELLERN MUSTLE MATURE AND TYPED OFFICER OR DIRECTOR

((202)882-3956 or

Carol Guy-Jackson, Es @ (202)626-8321

Bishop S.C. Madison