


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F95000004273

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



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



03132006 No Chg-NP CRZE037 (11/05)

4. FEI Number Applied For
52-0763336 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**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000476206
 04/05/06-80048-004 61.25

10. OFFICERS AND DIRECTORS

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	SGA PRICE, R APOSTLE 1665 N PORTAL DR NW WASHINGTON, DC 20012
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12. I hereby 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 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: Bishop S.C. Madison, Trustee 3/15/06 (202)882-3956 or
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bishop S.C. Madison Carol Guy-Jackson, Esq. @ (202)626-8321