2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N00000003672

Entity Name: COMMUNITY HOUSE OF PRAYER, INC.

Current Principal Place of Business:

500 WEST 4TH STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

507 KATHERWOOD CT
DELTONA, FL 32738

New Mailing Address:

FEI Number: 45-0474503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADLEY, DEBORAH
125 BOB THOMAS CIR
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	STRINGER, THEORY	
Address:	507 KATHERWOOD CT	
City-St-Zip:	DELTONA, FL 32738	
Title:	DV	( ) Delete
Name:	STRINGER, DEBORAH	
Address:	507 KATHERWOOD CT	
City-St-Zip:	DELTONA, FL 32738	
Title:	DT	( ) Delete
Name:	KNIGHT, BERNARD	
Address:	1412 SOUTHWEST RD	
City-St-Zip:	SANFORD, FL 32771	
Title:	S	( ) Delete
Name:	SMITH, LASHONDA	
Address:	1026 SWANSON DR	
City-St-Zip:	DELTONA, FL 32738	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	SMITH, LASHONDA	
Address:	507 KATHERWOOD CT	
City-St-Zip:	DELTONA, FL 32738	

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: THEORY STRINGER PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date