


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # N00000004887		
1. Entity Name HOUSE OF PRAYER FOR ALL NATIONS/WORLD OUTREACH, INC.		
Principal Place of Business 2410 S PALMETTO AVE SANFORD, FL 32771	Mailing Address 2410 S PALMETTO AVE SANFORD, FL 32771	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent PITTMAN, GRACE 2410 S PALMETTO AVE SANFORD, FL 32771		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PITTMAN, GRACE 2410 S PALMETTO AVE SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP PITTMAN, JAMES W 2410 S PALMETTO AVE SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SANDERS, HATTI L 344 BANYON DR MAITLAND, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3651647	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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01/24/05-80100-010 61.25

**DO NOT WRITE
IN THIS SPACE**