

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90008 010 ****61.25

DOCUMENT # N01000000596

1. Entity Name

GOD'S HOUSE OF PRAYER INC.



Principal Place of Business

4134 JACKSON COMMUNITY RD.
VERNON FL 32462

Mailing Address

4134 JACKSON COMMUNITY RD.
VERNON FL 32462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3695303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, KIM
4134 JACKSON COMMUNITY RD.
VERNON FL 32462

Name

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME CAMPBELL, KIM
STREET ADDRESS 4134 JACKSON COMMUNITY RD.
CITY-ST-ZIP VERNON FL 32462

TITLE ☐ Delete
NAME ANDREWS, ERNEST
STREET ADDRESS 4124 JACKSON COMMUNITY RD.
CITY-ST-ZIP VERNON FL 32462

TITLE ☒ Delete
NAME ANDREWS, VICTORIA
STREET ADDRESS 4124 JACKSON COMMUNITY RD.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ Delete
NAME ANDREWS, ISAAC
STREET ADDRESS 3134 TWO CREEK BLVD.
CITY-ST-ZIP VERNON FL 32462

TITLE ☐ Delete
NAME ANDREWS, VICTORIA
STREET ADDRESS 4124 JACKSON COMMUNITY RD.
CITY-ST-ZIP VERNON FL 32462

TITLE ☐ Delete
NAME ANDREWS, ALTHEA
STREET ADDRESS 186 ALICE DRIVE
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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)(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:

Kim Campbell Pastor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04 535-1922
Date Daytime Phone #