

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90022 001 \*\*\*183.75

**DOCUMENT # N01000002694**



1. Entity Name  
**HOUSE OF PRAYER - HOLY OUTREACH MINISTRIES  
INCORPORATED**

Principal Place of Business

**801 W 2ND ST  
LAKELAND, FL 33805**

Mailing Address

**919 W 9TH ST  
LAKELAND, FL 33805**

**66001246**



**DO NOT WRITE IN THIS SPACE**

02072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, WALTER J  
919 9TH ST  
LAKELAND, FL 33805**

**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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WRIGHT, WALTER J  
919 9TH ST  
LAKELAND, FL 33805**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WRIGHT, LISA HAWKINS  
919 9TH ST  
LAKELAND, FL 33805**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MINCY, LAVERNE  
1105 S WALKER ST  
PLANT CITY, FL 33566**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Walter J Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7 Feb. 08 863/712-3486*

Date

Daytime Phone #