2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004871

FILED Jan 05, 2008 Secretary of State

Entity Name: HOUSE OF PRAISE MINISTRIES CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 2113 N GOLDENROD RD 1411 N. DEAN RD ORLANDO, FL 32807 ORLANDO, FL 32825 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 78026 POST OFFICE BOX 780206 ORLANDO, FL 328780206 ORLANDO, FL 328780206 US FEI Number: 59-3732042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIRANDA, JAMES 1113 LITTLE CREEK ROAD ORLANDO, FL 32825 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MIRANDA, JAMES Name: Name: 1113 LITTLE CREEK ROAD Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: MIRANDA, RENEE M Name: Address: 1113 LITTLE CREEK ROAD Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: SCM () Delete Title: () Change () Addition PEREZ, MIGDALIA Name: Name: 1113 LITTLE CREEK ROAD Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: MDT () Delete Title: () Change () Addition Name: PEREZ, FRANK Name: Address: 1113 LITTLE CREEK RD Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip:

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: FRANK PEREZ MDT 01/05/2008