


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N01000006086</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-weight: bold;">07 MAY -3 AM 10:04</div>	
<b>1. Entity Name</b> GOD'S HOUSE OF PRAYER TABERNACLE OF PRAISE & WORSHIP CENTER, INC.				SECRETARY OF STATE TALLAHASSEE, FL 32303 904-685-1111			
<b>Principal Place of Business</b> POST OFFICE BOX 38481 TALLAHASSEE, FL 32315			<b>Mailing Address</b> POST OFFICE BOX 38481 TALLAHASSEE, FL 32315			05032007    Chg-NP    CR2E037 (12/06)	
<b>2. Principal Place of Business - No P.O. Box #</b> 2718 Apalachee Pkwy.			<b>3. Mailing Address</b> Suite, Apt. #, etc.			<b>4. FEI Number</b> 06-1747542	
<b>City &amp; State</b> Tall., Florida			<b>City &amp; State</b> Tall., Florida			<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b> 32301			<b>Country</b> USA			<b>6. Name and Address of Current Registered Agent</b> WRIGHT, KATHY M 2307 VIA SARDINIA ST. TALLAHASSEE, FL 32303	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code			<b>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.</b>				
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____							
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input type="checkbox"/> Delete LEWIS, KATHY 4062 BISHOP RD. TALLAHASSEE, FL 32310			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input type="checkbox"/> Delete WRIGHT, NATHAN 2307 VIA SARDINIA ST. TALLAHASSEE, FL 32303			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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.</b>							
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				5/3/07    386-7772 Date    Daytime Phone #			