

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

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FILED
Jun 03, 2004 8:00 am
Secretary of State

05-03-2004 90695 035 ****70.00

DOCUMENT # N01000007567					
1. Entity Name JESUS CHRIST HOUSE OF PRAYER OF HOLINESS INC.					
Principal Place of Business 5721 ELON DR ORLANDO FL 32808			Mailing Address 5721 ELON DR ORLANDO FL 32808		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3744527	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWENS, JAMES 1912 ATTUCKS AVE ORLANDO FL 32811				7. Name and Address of New Registered Agent Name <u>James A. Owens</u> Street Address (P.O. Box Number is Not Acceptable) <u>429 N. Paramore</u> City <u>Orlando</u> FL <u>32808</u>	
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 <u>[Signature]</u> DATE <u>5/27/04</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME OWENS, JAMES A STREET ADDRESS 5721 ELON DR CITY - ST - ZIP ORLANDO FL 32808	☐ Delete		TITLE (Usheer) NAME Shantana Johnson STREET ADDRESS 5206 N. D. St CITY - ST - ZIP APT 202	☐ Change ☒ Addition	
TITLE VP NAME OWENS, ROSA STREET ADDRESS 3843 SEABROOK AVE CITY - ST - ZIP ORLANDO FL 32811	☐ Delete		TITLE NAME mashawna Clark (Usheer) STREET ADDRESS 3750 Trouati St. CITY - ST - ZIP Orlando FL 32839	☐ Change ☒ Addition	
TITLE B NAME OWENS, SHANTARA STREET ADDRESS 5721 ELON DR CITY - ST - ZIP ORLANDO FL 32808	☐ Delete		TITLE NAME mashawna Clark STREET ADDRESS 3750 Trouati St. CITY - ST - ZIP Orlando FL 32839	☐ Change ☒ Addition	
TITLE E NAME MONFORD, MATTIE STREET ADDRESS 47 ARGO ST CITY - ST - ZIP ORLANDO FL 32805	☐ Delete		TITLE NAME Shantana Johnson STREET ADDRESS 5206 N. Orange Blossom Trail. CITY - ST - ZIP Orlando FL 32810	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 <u>James A Owens President</u>			Date <u>4/18/04</u>		Daytime Phone # <u>407925-7895</u>