2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2006
Secretary of State

DOCUMENT# N01000007567

Entity Name: JESUS CHRIST HOUSE OF PRAYER OF HOLINESS INC.

Current Principal Place of Business:

5721 ELON DR
ORLANDO, FL 32808

New Principal Place of Business:

428 N PARRAMORE AVE
ORLANDO, FL 32801

Current Mailing Address:

5721 ELON DR
ORLANDO, FL 32808

New Mailing Address:

3511 LONDONDERRY BLVD
ORLANDO, FL 32808

FEI Number: 59-3744527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OWENS, JAMES
429 N. PARAMORE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

OWENS, JAMES
3511 LONDONDERRY BLVD
ORLANDO, FL 32808 US

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: _____ 09/03/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OWENS, JAMES A
Address: 5721 ELON DR
City-St-Zip: ORLANDO, FL 32808

Title: VP ( ) Delete
Name: OWENS, ROSA L
Address: 3843 SEABROOK AVE
City-St-Zip: ORLANDO, FL 32811

Title: B ( ) Delete
Name: OWENS, SHANTARA
Address: 5721 ELON DR
City-St-Zip: ORLANDO, FL 32808

Title: E (X) Delete
Name: MONFORD, MATTIE
Address: 47 ARGO ST
City-St-Zip: ORLANDO, FL 32805

Title: U ( ) Delete
Name: CLARK, MASAWNA
Address: 3750 TROUATI ST
City-St-Zip: ORLANDO, FL 32839

Title: U ( ) Delete
Name: JOHNSON, SHANTANA
Address: 5206 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OWENS, JAMES A
Address: 3511 LONDONDERRY BLVD
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: B (X) Change ( ) Addition
Name: OWENS, SHANTARA
Address: 3511 LONDONDERRY BLVD
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES A OWENS P 09/03/2006
Electronic Signature of Signing Officer or Director — Date