

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007959

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** OUR FATHER'S HOUSE OF PRAYER MINISTRIES CHURCH, INC.

**Current Principal Place of Business:**

17401 NW 2ND AVENUE  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

17401 NW 2ND AVENUE  
MIAMI GARDENS, FL 33169

**New Mailing Address:**

**FEI Number:** 65-1151100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RUSSEL, STEPHANIE E  
3814 JASMINE AVENUE  
MIRAMAR, FL 33023 US

**Name and Address of New Registered Agent:**

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:**

Title: PD  
Name: RUSSELL, STEPHANIE  
Address: 3814 SW 68TH AVE  
City-St-Zip: MIRAMAR, FL 33023

Title: TD  
Name: LESTER, PATRICIA  
Address: 3195 FOXCROFT RD F-206  
City-St-Zip: MIRAMAR, FL 33025

Title: TD  
Name: BLUNT, ROBERT  
Address: 3440 NW 208 TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: TD  
Name: LOCKHART, VERONICA  
Address: 3610 NW 169TH TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33056

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA LESTER

TD

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date