2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Apr 30, 2004 8:00 am Secretary of State

	MENT # N02000000084 CLORY HOUSE OF PRAYER, INC.					04-30-2004 90270 005 ****70.00		
1. Entity Nami GOD'S GI								
P 0 B0X 236544 P			Mailing Address P 0 B0X 236544 C0C0A, FL 32923-6544			<u> ግ</u> ቶስ		
	ace of Business N. COOA Blyd.	3. Mailing /	Address		_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04162004 Chg-NP CR2E037 (10/03)		
City & State	V -1	City & State				4. FEI Number Applied For 01-0634052 Not Applical		
3292		Zip		Cou	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered A	jent			7. Name and Address of New Registered Agent		
BELTON, SABRINA R					Name Street Address (P.O. Box Number is Not Acceptable)			
5000A, FL 32927 723 myrtle Cove Ct, #302						Sa (. C. Box Number 15 Not Acceptable)	\dashv	
	ndo, FL 3282			j	City	FL Zip Code		
	named entity submits this statement fo ons of registered agent."	r the purpose	of changing its re	egistere	d office or reg	istered agent, or both, in the State of Florida. I am familiar with, and acce	pt	
							- 1	
SIGNATURE -	Signature, typed or printed name of registered agent	and title if applicable	. (NOTE: F	Registered	Agent signature re	quired when reinstating) DATE		
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campa Trust Fund Cont				_		\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	OFFICERS AND DIE	RECTORS		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		☐ Delete	TITLE	D	resident Pchange Addit	tion	
NAME	BELTON, SABRINA R			NAME	خاخ	ahrina P Relton	ļ	
STREET ADDRESS	5695 GRAHAM STREET			STREE	T ADDRESS	23 my-the cove ct. #302		
CITY-ST-ZIP	COCOA, FL 32937			CITY-	ST-ZIP	rlando, VI 32825		
TITLE	VD		Delete	TITLE	Ŋι	ee President Dehange Daddii	tion	
NAME	BELTON, ZACK W III			NAME	M	chelle Glover	Ì	
STREET ADDRESS	5695 GRAHAM STREET			STREE	T ADDRESS 8	schelle Glover 55 Spirea Drive		
CITY_ST-ZIP	COCOA, FL 32937			_CITY-	S1-ZIP K (ockledge, FC 32955-	<u>.`.</u>	
TITLE ,	S		Delete	TITLE	5	ccretary . Prchange Addit	ion	
NAMÉ	PIELDER, BERNADENE			NAME	ما .	Collabor D About		
STREET ADDRESS	·				5	haron L. Knight	l	
	407 EDINBURG RD			STREE	T ADDRESS	haron L. Knight 1207 Stonebrook Dr		
CITY-ST-ZIP	·			STREE	ST-ZIP	haron L'Knight 1207 Stonebrook Dr Sanford FL 32773		
CITY-ST-ZIP TITLE	407 EDINBURG RD COCOA, FL 32922 ST		☐ Delete	STREE CITY-	ST-ZIP	reasury Guiange Addit	ion	
CITY-ST-ZIP TITLE NAME	407 EDINBURG RD COCOA, FL 32922 ST BELTON, BRANDON L		Delete	STREE CITY- TITLE NAME	ST-ZIP	reasury Guillange Addition	tion	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	407 EDINBURG RD COCOA, FL 32922 ST BELTON, BRANDON L 5695 GRAHAM ST		Delete	STREE CITY- TITLE NAME STREE	ST-ZIP BET ADDRESS	reasury reasury ranclon L. Shumpert 23 myrtle Cove Ct, #302	lion	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	407 EDINBURG RD COCOA, FL 32922 ST BELTON, BRANDON L			STREE CITY- TITLE NAME STREE CITY-	ST-ZIP TO B TO ST-ZIP O	reasury Transfer Addition L. Shumpert 23 myrtle Cove Ct, #302 rlando, Pl 32825		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	407 EDINBURG RD COCOA, FL 32922 ST BELTON, BRANDON L 5695 GRAHAM ST		☐ Delete	STREE CITY- TITLE NAME STREE CITY-	ST-ZIP TI E ET ADDRESS ST-ZIP O	reasury reasury ranclon L. Shumpert 23 myrtle Cove Ct, #302		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET_ADDRESS CITY-ST-ZIP TITLE TITLE TITL	407 EDINBURG RD COCOA, FL 32922 ST BELTON, BRANDON L 5695 GRAHAM ST		Delete	STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Sanford PC 32713 reasury reasury ranclon L. Shumper+ 23 myr+le Cove Ct, #302 rlando, PC 32825 Change Addit	tion	
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I nereby 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 leport 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