

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90003 013 \*\*\*\*70.00

**50021838**



06162006 Chg-NP CR2E037 (4/06)

<b>DOCUMENT #</b> N02000000701	
<b>1. Entity Name</b> FULL GOSPEL HOUSE OF PRAYER, INC.	

<b>Principal Place of Business</b> 1826 JERRY AVE SANFORD, FL 32771 US	<b>Mailing Address</b> 1826 JERRY AVE SANFORD, FL 32771 US
--	--

<b>2. Principal Place of Business</b> 1826 Jerry Ave Suite, Apt. #, etc. 32771 City & State Sanford Fla. Zip 32771 Country SEMINOLE	<b>3. Mailing Address</b> 1826 Jerry Ave Suite, Apt. #, etc. 1826 City & State Sanford Fla. Zip 32771 Country SEMINOLE
--	---

<b>4. FEI Number</b> 01-0637998	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---

<b>6. Name and Address of Current Registered Agent</b> BRADLEY, HENRY SR 2250 W AIRPORT BLVD SANFORD, FL 32771	<b>7. Name and Address of New Registered Agent</b> Name: Henry Bradley Sr Street Address (P.O. Box Number if Not Acceptable) 2250 W AIRPORT BLVD City: Sanford FL Zip Code: 32771
---	---

<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> SIGNATURE: <u>Henry Bradley Sr</u> DATE: <u>7-3-06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
--

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT BRADLEY, HENRY 2250 W AIRPORT BLVD SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARNES, MABLE 1826 JERRY AVE SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EVANS, SAMUEL 1826 JERRY AVE SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BARNES, MELVIN 3021 W 23RD ST SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GREEN, RONALD S 3620 WASHINGTON ST SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STOKES, AMANDA P.O. BOX 470184 LAKE MONROE, FL 327470184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<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> SIGNATURE: <u>Henry Bradley Sr</u> DATE: <u>7-3-06</u> DAYTIME PHONE #: <u>407-321-9037</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
---