

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

01-29-2007 90067 043 ****61.25

DOCUMENT # N02000003124

1. Entity Name
MY FATHER'S HOUSE - A HOUSE OF PRAYER, INC.



Principal Place of Business
**10960 ORANGE RIVER BOULEVARD
FORT MYERS, FL 33905**

Mailing Address
**PO BOX 50368
FORT MYERS, FL 33994**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number
03-0429906

Applied For
Not Apply

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CECIL, RICHARD A
10960 ORANGE RIVER BOULEVARD
FORT MYERS, FL 33905**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

1-18-07

**Filing Fee is \$61.25
Due by May 1, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CECIL, RICHARD A
4480 STALEY RD.
FORT MYERS, FL 33905** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRUSTEE
Gene Pigott Jr.
212 Hamilton Ave
Lehigh, FL 33972** ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
GRGURICH, TODD
3850 HIGHLIGHT ST.
FORT MYERS, FL 33905** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRUSTEE
Jimmy Kirkland
36930 Whispering Pines Rd.
N. Fort Myers, FL 33917** ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
CARBONE, ANTHONY F
36810 WHISPERING PINE RD.
NORTH FORT MYERS, FL 33917** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Trustee
Daniel Sikes
P.O. Box 807
Kingsland, Georgia 31548** ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
WORTMAN, PHILIP M
3140 JAPPA LANE
FORT MYERS, FL 33905** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
HODGES, DAVID
2313 ANDROS AVE
FORT MYERS, FL 33905** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

President