


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90078 001 \*\*\*\*61.25

<b>DOCUMENT # N02000007180</b>	
1. Entity Name <b>THE HOUSE OF POWER &amp; PRAISE MINISTRY, INC.</b>	

Principal Place of Business <b>1029 SANTA ANITA ORLANDO FL 32808</b>	Mailing Address <b>1029 SANTA ANITA ORLANDO FL 32808</b>
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2. Principal Place of Business <b>927 S. Goldwyn Avenue</b>	3. Mailing Address <b>1029 Santa Anita</b>
Suite, Apt. #, etc. <b>Suite 224</b>	Suite, Apt. #, etc.
City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32805</b>	Country <b>USA</b>



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>MONTGOMERY, STANLEY SR. 1029 SANTA ANITA ORLANDO FL 32808</b>	
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4. FEI Number <b>82-0566737</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONTGOMERY, STANLEY SR.</b> <b>1029 SANTA ANITA</b> <b>ORLANDO FL 32808</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONALDSON, CEPHAS JR.</b> <b>1401 OBSERVATORY DRIVE</b> <b>ORLANDO FL 32818</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADDIE, QUENTION D</b> <b>8800 LATREC AVENUE #104</b> <b>ORLANDO FL 32819</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILKES, DESERIA</b> <b>2771 WILLOW RUN</b> <b>ORLANDO FL 32808</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEBBER, WILBERT</b> <b>6630 HAWKSMOOR DRIVE</b> <b>ORLANDO FL 32818</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Minister</b> <b>Isreal J. Simon</b> <b>534 N. Dollins Avenue</b> <b>Orlando, FL 32805</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 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.

**SIGNATURE: STANLEY MONTGOMERY SR.** **4-1-04** **407-532-9984**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #