


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90006 001 ****61.25
06-07-2007 90006 002 *****8.75

DOCUMENT # N02000007180					
1. Entity Name THE HOUSE OF POWER & PRAISE MINISTRY, INC.					
Principal Place of Business 927 S. GOLDWYN AVE., STE 224 ORLANDO, FL 32805			Mailing Address 1029 SANTA ANITA ORLANDO, FL 32808		
2. Principal Place of Business - No P.O. Box # <i>Goldwyn Business Center</i>		3. Mailing Address <i>1029 Santa Anita St</i>			
Suite, Apt. #, etc. <i>224</i>		Suite, Apt. #, etc.			
City & State <i>Orlando, Fla</i>		City & State <i>Orlando, Fla</i>		4. FEI Number 82-0566737	
Zip <i>32805</i>		Country <i>Orange</i>		Applied For Not Applicable	
Zip <i>32805</i>		Country <i>Orange</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTGOMERY, STANLEY SR. 1029 SANTA ANITA ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete MONTGOMERY, STANLEY SR. 1029 SANTA ANITA ORLANDO, FL 32808			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DONALDSON, CEPHAS JR. 1401 OBSERVATORY DRIVE ORLANDO, FL 32818			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ADDIE, QUESTION D 3800 LATREC AVENUE #104 ORLANDO, FL 32819			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WILKES, DESERIA 2771 WILLOW RUN ORLANDO, FL 32808			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WEBBER, WILBERT 6630 HAWKSMOOR DRIVE ORLANDO, FL 32818			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input type="checkbox"/> Delete SIMON, ISREALL J 534 N. DOLLINS AVE. ORLANDO, FL 32805			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 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.					
SIGNATURE: <u>STANLEY MONTGOMERY SR.</u>				5-20-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	