

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007180

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** THE HOUSE OF POWER & PRAISE MINISTRY, INC.

**Current Principal Place of Business:**

GOLDWIN BUSINESS CENTRE  
224  
ORLANDO, FL 32805

**New Principal Place of Business:**

GOLDWYN BUSINESS CENTER  
224  
ORLANDO, FL 32805

**Current Mailing Address:**

1029 SANTA ANITA  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 82-0566737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONTGOMERY, STANLEY SR.  
1029 SANTA ANITA  
ORLANDO, FL 32808 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MONTGOMERY, STANLEY SR.  
Address: 1029 SANTA ANITA  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: DONALDSON, CEPHAS JR.  
Address: 1401 OBSERVATORY DRIVE  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: ADDIE, QUESTION D  
Address: 8800 LATREC AVENUE #104  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: WILKES, DESERIA  
Address: 2771 WILLOW RUN  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: WEBBER, WILBERT  
Address: 6630 HAWKSMOOR DRIVE  
City-St-Zip: ORLANDO, FL 32818

Title: M ( ) Delete  
Name: SIMON, ISREAL J  
Address: 534 N. DOLLINS AVE.  
City-St-Zip: ORLANDO, FL 32805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY B MONTGOMERY SR.

PRES

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date