

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90015 038 \*\*\*\*61.25

<b>DOCUMENT # N02000008503</b> 1. Entity Name <b>GOD'S PRAYER HOUSE MINISTRIES, INC.</b>			
Principal Place of Business <b>5455 VERNA BLVD. P. O. BOX 61254 JACKSONVILLE, FL 32205</b>		Mailing Address <b>5455 VERNA BLVD. P. O. BOX 61254 JACKSONVILLE, FL 32205</b>	
2. Principal Place of Business <b>2073 Palmetto St.</b> Suite, Apt. #, etc. <b>PO BOX 1284</b>		3. Mailing Address <b>2073 Palmetto St.</b> Suite, Apt. #, etc. <b>PO BOX 1284</b>	
City & State <b>Middleburg FL</b>		City & State <b>Middleburg FL</b>	
Zip <b>32068</b>		Zip <b>32068</b>	
Country <b>CLAY</b>		Country <b>CLAY</b>	
4. FEI Number <b>71-0911720</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SEXTON, VIRGINIA M MS. 5455 VERNA BLVD. P. O. BOX 61254 JACKSONVILLE, FL 32205</b>		7. Name and Address of New Registered Agent Name <b>LINDA HERRINGTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1671 EAGLE NEST LN</b> City <b>MIDDLEBURG</b> <b>FL</b> Zip Code <b>32068</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.  SIGNATURE <u><i>Linda Herrington</i></u> <span style="float: right;">3/3/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing 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>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRINGTON, DREXEL 6907 WEST BEAVER ST. JACKSONVILLE, FL 32254 <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	VPD HERRINGTON, CURTIS 1671 EAGLE NEST LANE MIDDLEBURG, FL 32068 <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	TD HERRINGTON, LINDA G 1671 EAGLE NEST LANE MIDDLEBURG, FL 32068 <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	SD SEXTON, VIRGINIA M 6699 LENOX AVENUE # 13 JACKSONVILLE, FL 32205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SD LINDA HERRINGTON 1671 EAGLE NEST LN MIDDLEBURG FL 32068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	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.			
<b>SIGNATURE: <i>Linda Herrington</i> LINDA HERRINGTON</b>		<b>3-3-04</b> <span style="float: right;">904-282-3797</span> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	