

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000008503**

1. Entity Name

GOD'S PRAYER HOUSE MINISTRIES, INC.



Principal Place of Business

2075 PALMETTO ST.  
P.O. BOX 1284  
MIDDLEBURG, FL 32068

Mailing Address

2075 PALMETTO ST.  
P.O. BOX 1284  
MIDDLEBURG, FL 32068



02152005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

71-0911720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERRINGTON, LINDA  
1671 EAGLE NEST LN.  
MIDDLEBURG, FL 32068

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution, ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HERRINGTON, DREXEL  
STREET ADDRESS 6907 WEST BEAVER ST.  
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE VPD  
NAME HERRINGTON, CURTIS  
STREET ADDRESS 1671 EAGLE NEST LANE  
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE TD  
NAME HERRINGTON, LINDA G  
STREET ADDRESS 1671 EAGLE NEST LANE  
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE TDSD  
NAME HERRINGTON, LINDA  
STREET ADDRESS 1671 EAGLE NEST LN.  
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UN00000240076  
02/23/05-80016-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Linda Herrington* LINDA HERRINGTON 2/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-262-3797