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

DOCUMENT # N03000000226

1. Entity Name

INTERNATIONAL HOUSE OF PRAYER EVANGELISTIC MINISTRIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 27 AM 8:00

Principal Place of Business	Mailing Address
6035 FT. CAROLINE ROAD 4 JACKSONVILLE FL 32277	6035 FT. CAROLINE ROAD 4 JACKSONVILLE FL 32277

MOORE CR2E037 (4/04) MRS

2. Principal Place of Business	3. Mailing Address
IHOP Evangelistic Min	6305 Ft. Caroline Road
Suite, Apt. #, etc. Ste 4	Suite, Apt. #, etc. Ste 4
City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32277 Country United State	Zip 32277 Country United States

4. FEI Number 01-0767153 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOMEZ, DEDRA 6035 FR CAROLINE RD JACKSONVILLE FL 32277	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 Dedra Gomez DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 SNEED WOOLDRIDGE, DELORES 6035 FT. CAROLINE ROAD JACKSONVILLE FL 32277	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition LaTeisha R. Johnson 12362 Carriage Cove Trail S. Jacksonville, FL 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOMEZ, DEDRA 6035 FT. CAROLINE ROAD JACKSONVILLE FL 32277	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Abraham C. Allen III 11405 Ft. Caroline Rd. Jacksonville, FL. 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500042383105 11/02/04--01018--019 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Delores Sneed Wooldridge 8-5-04

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