


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000001071	
1. Entity Name HOUSE OF PRAYER TESTIMONIAL TEMPLE, INC.	

Principal Place of Business 2360 NORTH WEST 152ND TERRACE MIAMI, FL 33054	Mailing Address 251 NORTH WEST 95TH STREET MIAMI, FL 33150
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01302006 No Chg-NP CR2EQ37 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-3068666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GRANT, FLORINE 251 NORTH WEST 95TH STREET MIAMI, FL 33150
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**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 _____ <small>(signature, typed or printed name of registered agent and title if applicable)</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is <b>\$61.25</b> Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1000000479244 04/06/06-80039-010 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, OLIN C 7724 ALHAMBRA BLVD MIRAMAR, FL 33023
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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>Olin C Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3-19-06</u> <small>Date</small>	<u>305-995-1536</u> <small>Daytime Phone #</small>
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