FILED
Apr 24, 2006 08:00 AM
Secretary of State

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000001289

1. Entity Name
THE CHURCH OF THE LIVING GOD HOUSE OF PRAYER, INC.

Principal Place of Business	Mailing Address
2919 OLD DIXIE HWY KISSIMMEE, FL 34744	P O BOX 701025 ST CLOUD, FL 34770

DO NOT WRITE IN THIS SPACE

04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number
02-0659196
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GATLIN, MARVIN PRES
4765 SPAROW DRIVE
ST CLOUD, FL 34772

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000531352
05/05/06-80037-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GATLIN, JR., MARVIN VPRES
STREET ADDRESS	4765 SPAROW DR
CITY-ST-ZIP	ST CLOUD, FL 34772
TITLE	D
NAME	GATLIN, JOYCE
STREET ADDRESS	4765 SPAROW DR
CITY-ST-ZIP	ST CLOUD, FL 34772
TITLE	D
NAME	BURNEY, TOWANDA
STREET ADDRESS	4765 SPAROW DR
CITY-ST-ZIP	ST CLOUD, FL 34772
TITLE	D
NAME	HUGHES, MINNIE
STREET ADDRESS	605 BIBBENS ST
CITY-ST-ZIP	ST CLOUD, FL 34770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Marvin Gatlin Marvin Gatlin 4.18.06 407-957-6746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #