

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90071 017 ****70.00



DOCUMENT # N03000003721
 1. Entity Name
HOUSE OF PRAYER WORSHIP CENTER, INC.

Principal Place of Business Mailing Address
814 FALLING WATERS ROAD **814 FALLING WATERS ROAD**
CHIPLEY FL 32428 **CHIPLEY FL 32428**

2. Principal Place of Business 3. Mailing Address
763 West Boulevard **763 West Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Chipley, FL **Chipley, FL**
 Zip Country Zip Country
32428 **USA** **32428** **USA**

1st MOORE CR2E037 (10/04)
 4. FEI Number Applied For
05-0568952 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCKINNIE, ANTHONY
814 FALLING WATERS ROAD
CHIPLEY FL 32428

7. Name and Address of New Registered Agent
 Name **Anthony McKinnie**
 Street Address (P.O. Box Number is Not Acceptable)
1451 Joe Neel Rd.
 City **Chipley** FL Zip Code **32428**

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 Anthony McKinnie Anthony McKinnie 4/26/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 MCKINNIE, ANTHONY 869 EARL ST CHIPLEY FL 32728 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1451 JOE NEEL RD Chipley, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGHEE, DEBRA 814 FALLING WATERS ROAD CHIPLEY FL 32428 <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	D CARSWELL, HOWARD 814 FALLING WATERS ROAD CHIPLEY FL 32428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Alfred Finney 543 Bennett Dr. Chipley, FL 32428
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
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.

SIGNATURE: Anthony McKinnie Anthony McKinnie 4/26/05 850-638-3922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #