

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004799

1. Entity Name
THE HOUSE OF PRAYER OF JESUS CHRIST, INC.



Principal Place of Business
**121 LAKE GRETN DR
GRETN, FL 32332**

Mailing Address
**P O BOX 634
GRETN, FL 32332**



03192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3694630

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DONALDSON, JOANN
121 LAKE GRETN DR
GRETN, FL 32332**

**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

Joanna Donaldson

(NOTE: Registered Agent signature required when reinstating)

March 19, 2005

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DONALDSON, ARTHUR
P O BOX 634
GRETN, FL 32332**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
DONALDSON, JOANN
P O BOX 634
GRETN, FL 32332**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARLEY, DONZELLAR
572 HOGAN LANE
QUINCY, FL 32351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000272677
03/22/05-80014-012 70.00

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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:

Arthur Lee Donaldson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2005 850-856-2267

Date

Daytime Phone #