

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 28, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N03000010788**

**1. Entity Name  
THE CHURCH OF HEALING AND PROSPERITY, INC.**



**Principal Place of Business** 10474 VIA DEL SOL  
ORLANDO, FL 32817  
**Mailing Address** PO BOX 171  
CLARCONA, FL 32710



03212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number** 54-2140176 **Applied For**  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**8. Name and Address of Current Registered Agent**

DAVIS, RICHARD R.T.  
10474 VIA DEL SOL  
ORLANDO, FL 32817

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	DAVIS, RICHARD T
<b>STREET ADDRESS</b>	P. O. BOX 171
<b>CITY-ST-ZIP</b>	CLARCONA, FL 32710
<b>TITLE</b>	DS
<b>NAME</b>	ALEXANDER, NATALIE J
<b>STREET ADDRESS</b>	10474 VIA DEL SOL
<b>CITY-ST-ZIP</b>	ORLANDO, FL 32817
<b>TITLE</b>	D
<b>NAME</b>	DAVIS, RICHARD
<b>STREET ADDRESS</b>	3355 SOUTH KIRKMAN RD., APT. 1314
<b>CITY-ST-ZIP</b>	ORLANDO, FL 32805
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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03/28/05-80062-003 70.00

**DO NOT WRITE  
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:**

*Richard T. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05 (407) 702-7288  
Date Daytime Phone #