

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010788

FILED
Apr 23, 2007
Secretary of State

Entity Name: THE CHURCH OF HEALING AND PROSPERITY, INC.

Current Principal Place of Business:

10474 VIA DEL SOL
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

PO BOX 171
CLARCONA, FL 32710

New Mailing Address:

FEI Number: 54-2140176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, RICHARD T
10474 VIA DEL SOL
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, RICHARD T
Address: P. O. BOX 171
City-St-Zip: CLARCONA, FL 32710

Title: DS () Delete
Name: ALEXANDER, NATALIE J
Address: 10474 VIA DEL SOL
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: DAVIS, RICHARD
Address: 3355 SOUTH KIRKMAN RD., APT. 1314
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD T DAVIS

D

04/23/2007

Electronic Signature of Signing Officer or Director

Date