


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

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90068 017 ****61.25

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # N04000000337 1. Entity Name JESUS CHRIST'S HOUSE OF PRAYER OF ST. PETE, INC. | | | |  | |
| Principal Place of Business 5081 FOXBRIDGE CIR. CLEARWATER FL 33760 | | | Mailing Address 5081 FOXBRIDGE CIR. CLEARWATER FL 33760 | | |
| 2. Principal Place of Business 409-49th St. So. | | 3. Mailing Address Above Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State St. Petersburg, FL | | City & State | | 4. FEI Number 56-245-0843 | |
| Zip 33707 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STOKES, SHREE 1708 GRAND OAK DR. APOPKA FL 32703 | | | 7. Name and Address of New Registered Agent Name Roderick McCarty Street Address (P.O. Box Number is Not Acceptable) 5081-Foxbridge Cir. #157 City Clearwater FL Zip Code 33760 | | |
| 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 Roderick McCarty Asst. Pastor DATE 1/30/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD MCCARTY, BEVERLY 5081 FOXBRIDGE CIR. CLEARWATER FL 33760 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCARTY, RODERICK 5081-Foxbridge Cir. #157 Clearwater, FL 33760 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STOKES, JAMES 1708 GRAND OAK DR. APOPKA FL 32703 | <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 | TD STEPHEN, DON T 1032 W. ROBINSON ST. ORLANDO FL 32808 | <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: Roderick McCarty | | | | 1/30/05 (727) 812-4057 <small>Date Daytime Phone #</small> | |